

FILED DEC 24 1946

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 394

1. PLACE OF DEATH:

(a) County: St. Francois
(b) City or town: Elvins, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME: Virgie Moore Pulliam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female, Color or race: Caucas 5. Color or race: _____
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Woodrow Pulliam 6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: January 23-1913
(Month) (Day) (Year)

8. AGE: Years: 33 Months: 10 Days: 8
If less than one day: _____ hr. _____ min.

9. Birthplace: Doe Run, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: John Moore

13. Birthplace: St. Francois County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Annie Weiss

15. Birthplace: St. Francois County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Woodrow Pulliam

(b) Address: Doniphan, Missouri

17. (a) Burial (b) Date thereof: Dec-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Francois Memo. Pk.

18. (a) Signature of funeral director: Sparks Funeral Home

(b) Address: 300 Taylor Ave. Flat River, Mo.

19. (a) 12-17-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley
(c) City or town: Doniphan, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 11 Th.
year 1946 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec. 15th
1946, to Dec 11th 1946;

that I last saw her alive on 12-11- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the right breast with metastasis to adjacent structures
Duration: 3 yrs

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: W. O. Morris (Date of issue) 100

Address: Elvins, Mo. Date signed: 12-12-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

VED

Health Officer No. 4

File Number 1246-3020

12-24-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Murphy Sparks*

Licensed Embalmer No. *14236*

P. O. Address *East River, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.