

S. No. 2
OM-8-43
v. 5-17-39
I X37823

4366

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1947

Registration District No.

Primary Registration District No. 3016

Registrar's No. 41

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

6-54

1. PLACE OF DEATH:
 (a) County COLE
 (b) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1221 W. MC CARTY /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County COLE
 (c) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 1221 W. MC CARTY
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME PEARL WILHITE DULLE
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. 490-09-6727

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month FEB. day 21 year 1947 hour 10 minute 30 P.M.

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife OSCAR DULLE 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased FEB. 24, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29, 1945 to Feb. 21, 1947
 that I last saw her alive on Feb. 21, 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	57	11	27	hr. min.

Immediate cause of death
 Leiomyosarcoma small bowel 2 yr.

9. Birthplace JEFFERSON CITY, MO. D
(City, town, or county) (State or foreign country)
 10. Usual occupation SHOEWORKER

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Leiomyosarcoma small bowel
 Of autopsy.....

11. Industry or business TWEED SHOE FOOTWEAR
 12. Name UNKNOWN
 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant OSCAR DULLE
 (b) Address JEFFERSON CITY, MO.
 17. (a) BURIAL (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation RESURRECTION CEMETERY
 18. (a) Signature of funeral director R. P. Dorris
 (b) Address JEFFERSON CITY, MO.
 19. (a) 2-24-1947 (b) R. P. Dorris M.D.
(Date received local health officer) (Registrar's signature)

While at work?.....
(Specify type of place)
 Means of injury.....
 23. Signature R. P. Dorris (M. D.)
 Address Jefferson City, Mo. Date signed 2/22/47

Date Filed MAR 3 1947

District File Number

District Health Officer No. 9,

RECEIVED

MAR 9 1947

MAR 12 1947

STATEMENT BY LICENSED EMBALMER

FR

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 Sylvester Dault

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.