S. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5337

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 370 days (Specify whether
In this community 370 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2 (If outside city or town limits, write "RURAL")
(d) Street No. Route 4 4 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie May Pullum Jones
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Jones
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May (Month) 19 (Day) 1908 (Year)

8. AGE: Years 38 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Pullum 9
13. Birthplace Unknonw (City, town, or county) Unknown 1 (State or foreign country)
MOTHER
14. Maiden name Mary Clark
15. Birthplace Columbia (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Mo.
19. (a) 3/3/47 (Date received local registrar) (b) D R Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1947 hour 3:50 minute A M.
21. I hereby certify that I attended the deceased from Feb. 16, 1946 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.

	Duration
Immediate cause of death Pulmonary Insufficiency	2 wks
Due to Pulmonary tuberculosis	Abt 5½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 3B	

Major findings: Of operations Had left pneumonectomy Feb. 5, 1947.
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Y. F. Leyikawa (M. D. or other) MD
Address Mt. Vernon, Mo. Date signed 2-21-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 347-306
Date Filed MAR 11 1947

APR 2 1947

JAN 25 1951

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.