

FILED AUG 9 1948

Registration District No. 38

Primary Registration District No. 4091

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carter
 (b) City or town Fremont
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: In home of her niece
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Eva Pulliam

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F / 5. Color or race w
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive about 70 years
 7. Birth date of deceased about 70 years
 (Month) (Day) (Year)

8. AGE: Years about 70 Months Days If less than one day hr. min.

9. Birthplace no. 12
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Christopher C. Pulliam

13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Inlandia Martin

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Tranison Yardley

(b) Address Fremont Mo.

17. (a) Burial, cremation, or removal burial (b) Date thereof 7-19-48
 (Month) (Day) (Year)

(c) Place: burial or cremation abrem

18. (a) Signature of funeral director Seaton P. Witt

(b) Address Van Buren

19. July 20 - 1948 (Date received local registrar) Mrs. Octa Henson (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 at 76 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 18, 1948 to July 18, 1948; that I last saw her alive on July 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Patient was dying when seen by doctor on 7-18-48 at 1:30 a.m.

Due to: 132
 Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 132

Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature Frank J. Rusinski (M. D. or other) DO.

Address Van Buren, Mo. Date signed 7-19-48

WRITE PLAINLY—USING UNFADING BLACK INK

MOTHER FATHER

RECEIVED 8-2-48
District Health Officer No. 5,
District File Number 848750
Date Filed 8-2-48

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 _____

Chas S. Pewitt

Registered Apprentice No. 11

working under my personal supervision.

Signed

Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.