

FILED SEP 13 1948

Registration District No. 120

Primary Registration District No. 5449

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Lentz
(b) City or town Ford City - Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no. number 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lentz 38
(c) City or town Ford City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. no. H. number 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

REVA PULLEY

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

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

6. (b) Name of husband or wife ALEXANDER D. PULLEY 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 20 Days _____ If less than one day hr. _____ min. _____

9. Birthplace NEAR Cos. Bx, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____
12. Name FERDINAND KIMBERLIN
13. Birthplace STATE OF VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name RUTH TOLBERT
15. Birthplace WHITESVILLE MISSOURI (City, town, or county) (State or foreign country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 28 year 1948 hour 8 minute 02 M.

21. I hereby certify that I attended the deceased from Aug 15 1948 to Aug 28 1948 that I last saw her alive on August 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 13 da
Arterio Sclerosis
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? _____

23. Signature [Signature] (M.D. or other) _____
While at work? _____ (Specify type of place) (Means of injury)
Address Ford City - Mo Date signed 8/29/48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *R. G. Taggart*
Licensed Embalmer No. *25-63*
P. O. Address *King 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.