

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NURSING HOME ANNEX No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 MONTHS  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Rhoda Randolph Pulliam

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ed Pulliam 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 30 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 7 25 hr. min.

9. Birthplace Linn Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name David Cady  
13. Birthplace Linn County Oregon  
(City, town, or county) (State or foreign country)  
14. Maiden name Ada Bentley  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Krogger  
(b) Address Kirksville Mo  
17. (a) Burial (b) Date thereof 4/26/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin, Mo.

18. (c) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo.

19. (a) 5-1-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Purdin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th  
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-26-25  
1946 to April 25 1946  
that I last saw her alive on April 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Vasomotor collapse 24 hrs  
Due to Chronic myocarditis 2 years  
Due to Chronic arthritis 10 years

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) (c) Means of injury

23. Signature M. T. Hutter (or other) DO  
Address Kirksville, Mo Date signed 4-26-46

SEP 21 1948

RECEIVED

District Health Officer No. 10

District File Number 5-46-12

Date Filed MAY 23 1946

### 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.....

was not embalmed

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*David A. Taylor*

Licensed Embalmer No. 3761

P. O. Address Linneus, 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.**