

Registration District No. 183 Primary Registration District No. 4297

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Purdin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Benjamin Franklin Pulliam

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Denevive Pulliam 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 10 - 16 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Pulliam
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Denevive Pulliam

(b) Address Purdin - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cem.

18. (a) Signature of funeral director Richard

(b) Address William Mo

19. (a) Aug 27 1947 (Date received local registrar) Elva Crookshank (Registrar's signature) Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 47 hour 3 minute 40 a. M.

21. I hereby certify that I attended the deceased from Sept 1940 to Aug 17 1947
that I last saw him alive on Aug 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to _____

Other conditions Myocarditis Chronic (Include pregnancy within 6 months of death) 5 yrs

Major findings: Of operations _____ Of autopsy Q3P

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) (e) Means of injury _____

23. Signature J. R. Martin (M. D. or other) _____
Address Browning Mo Date signed 8/27/47

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

**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..... *Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address..... *Ulan 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.