Dull the deceased.

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24505
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City, Mo.
Registration District No. 399
Primary Registration District No. 102
Registered No. 3010
(d) Street No. St. Lukes Hospital, K.C.Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maudie Franklin Wice Dull, W. (F)
(a) Residence, No. 1836 Washington Str., K.C.Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John h. Dull,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

FATHER
13. NAME James H. Wice, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Eliza Gibson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT John H. Dull,
(ADDRESS) 1836 Washington, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE July 28, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C.L.Forster
(ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED July 27 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....1938 to July 26, 1938
I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 9:28 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cholelithiasis	many days
(a) Cholangeitis	?
(b) Hepatitis 126	?

Other contributory causes of importance:
(2) Localized peritonitis 1 wk
(3) Auricular fibrillation 10 days

Name of operation Cholecystectomy Date of June 1938
What test confirmed diagnosis? X ray & lab. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....19....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Nicolas Jaudon M. D.
(Address) 2045 Broadway

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 X14028

Dr. Jamie-
Dr. Kuhn. — Professional Building.

South West Boulevard & Broadway

South East Corner

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.