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.

11

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

REC'D AUG 9 1938

24847
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 86
(b) Township Washington, — Primary Registration District No. 5127 — Registered No. 40
(c) City — (d) Street No. 2 Mi. E. St. Joseph, on U.S. Highway # 36. 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raleigh H. Stull, 340
(a) Residence, No. 2 Mi. E. of St. Joseph, on Highway St. U.S. 36, R.F.D. # 1, St. Joseph
(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: Male
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: Cora Lee Stull,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 11, 1884
7. AGE: YEARS 53 — MONTHS 11 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Typesetting
9. Industry or business in which work was done, as saw mill, bank, etc.: Company,
10. Date deceased last worked at this occupation (month and year): July 1938,
11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshalltown, Iowa,

FATHER
13. NAME: Charles H. Stull,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Judith, Wisconsin,

MOTHER
15. MAIDEN NAME: Mary F. Johnson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steamboat Rock, Iowa,

17. INFORMANT (ADDRESS): Mrs Raleigh H Stull R.F.D. #1, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Mora Cem. DATE: July 27th. 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton - Br Gale & Bowman St. Joseph, Mo. Funeral Home
20. FILED: July 26, 1938 Myrtle M. Hanson Local Registrar. 861

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1938, to July 25, 1938
I last saw him alive on July 23rd, 1938 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Heart - Block. due to coronary occlusion — Date of onset 6/1/38

Other contributory causes of importance: 94%

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(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) B. B. Simmons, M. D.
(Address) St Joseph - Mo -

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Summerfield

L. E. No. 3007 or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)