

Registration District No. 185Primary Registration District No. 5258

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Christian  
 (b) City or town Oldfield, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 mile east Oldfield, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether years, months or days) Lifetime

## 3. (a) PRINT FULL NAME

Mary Pauline Hull3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Female5. Color or  
race White6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased

April 29 - 1924  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

15 7 24

hr. min.

9. Birthplace

Oldfield Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Unemployed

11. Industry or business

at home

MOTHER FATHER

12. Name Ernest Hull13. Birthplace Oldfield, Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Leta Hulbert15. Birthplace Oldfield, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Ernest & Leta Hull

(b) Address

Oldfield, Mo.

17. (a) Burial, cremation, or removal

(b) Date thereof 12/25/39  
(Month) (Day) (Year)

(c) Place: burial or cremation

Oldfield, Mo.

18. (a) Signature of funeral director

B. G. Plesper

(b) Address

Clark, Mo.19. (a) 1-9-1940(b) Josephine Murritt  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
 (c) City or town Oldfield, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mile east  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24  
year 1939 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from viewed  
body Dec 24, 1939, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death unknown  
I saw her just after death  
history of influenza  
Due to she had Potts DiseaseDue to Potts

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 26Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B. P. Farthing (M. D. or other) \_\_\_\_\_  
Address Clark Mo. Date signed 12-27-39

RECEIVED

District Health Officer No. 6,

District File Number 240-313

Date Filed FEB 6 1940

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.....

Jared Klepper

Registered Apprentice No. 143

working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, 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, above space should be left blank.