

MAY 13 1940  
Registration District No. 85

Primary Registration District No. 1001

State File No.

Registrar's No.

399

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3323 Mitchell Avenue 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Seven years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3323 Mitchell Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th  
year 1940 hour Nine minute 30 A.M.

21. I hereby certify that I attended the deceased from April 6, 1940  
# # # # #, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him PM alive on #####, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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 A

23. Signature B. W. Tadlock, Coroner (M. D. or other) \_\_\_\_\_

Address King Hill Rd Date signed 4/6/40

8. (a) PRINT FULL NAME Mrs. Doris Kintner Hull

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Clarke Hull 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 4, 1895  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gentry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name J. A. Kintner

13. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Jones

15. Birthplace Gentry County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Clarke Hull

(b) Address 3323 Mitchell Avenue

17. (a) Cremation (b) Date thereof April 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation (ASHES) Mt. Auburn Cem.

18. (a) Signature of funeral director W. E. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 4/8/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, & by.....

Mollie E. Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed.....

*R. V. Kerst*

Licensed Embalmer No.

3876

P. O. Address.....

*St. Joseph 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.