

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH Board of Health.  
STANDARD CERTIFICATE OF DEATH

State File No. **24333**  
Registrar's No. **2943**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(c) Name of hospital or institution: **None -- 1836 1/2 Washington**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **50 Years.**  
years, months or days)

3. (a) PRINT FULLNAME **John Harry Dull, Sr.**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **March 17th, 1872**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **5**  
If less than one day  
hr. min.

9. Birthplace **Penn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk at City Hall**

11. Industry or business

MOTHER FATHER  
12. Name **J. H. Dull,**  
13. Birthplace **No Record**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Harry Dull, Jr.**

(b) Address **1836 1/2 Washington, K.C.Mo.**

17. (a) **Burial** (b) Date thereof **July 24-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, K.C.Mo.**  
**Mrs. C.L. Forster**

18. (a) Signature of funeral director  
(b) Address **918 Brooklyn Avenue, K.C.Mo.**

19. (a) **July 23, 1940** (b) *M. M. M. M. M.*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Missouri.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1836 1/2 Washington, K.C.Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd,**  
year **1940** hour \_\_\_\_\_ minute **7:20 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw the deceased \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

*Shot wound of head*  
Due to \_\_\_\_\_  
167

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **suicide**  
(b) Date of occurrence **7-22-40**  
(c) Where did injury occur? **K.C. Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_  
23. Signature *M. M. M. M. M.* (M. D. or other) \_\_\_\_\_  
Address **K.C. Mo** Date signed \_\_\_\_\_

**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.....

*Jan E. Hurst*

Licensed Embalmer No. *1621*

P. O. Address *918 Brooklyn H. Co.*

**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.**