

S. No. 2
-11-10-39
5-17-39
#1 X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28589

Registration District No. 328 Primary Registration District No. 3017 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Helen Dull 450
3. (b) If veteran, name war _____ 3. (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 Homer Dull 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nurse wife

11. Industry or business _____

12. Name John Ingvaldson

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

14. Maiden name Mary Ann Anderson

15. Birthplace Bel (City, town, or county) (State or foreign country)

16. (a) Informant Homer Dull
(b) Address 207 E 21

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-40
(Month) (Day) (Year)

(c) Place: burial or cremation Jamney Md

18. (a) Signature of funeral director J. J. Simpson
(b) Address Trenton

19. (a) 7-13-40 (Date received local registrar) (b) Dene A. Darr (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton (If outside city or town limits, write "RURAL")
(d) Street No. 207 E 21 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 12, 1940; that I last saw her alive on July 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Infected tooth

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major 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? 3011 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. H. Haulber M.D. (M. D. or other) 1
Address Trenton Mo Date signed 7-13-40

Duration above 12 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

0
4
2

RECEIVED
District Health Officer No. 11,
District File Number 940-1350
Date Filed SEP 4 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.....

Edward J. Ryan, Registered Apprentice No.....
working under my personal supervision.

Signed *Edward J. Ryan*
Licensed Embalmer No. 3109
P. O. Address *Frederick, Md*

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.