DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34287

Registration District No. 399 NOV 12 1940

Primary Registration District No. 1002

Registrar's No. 3803

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Union Bus Station 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County [illegible]

(c) City or town St. [illegible] (If outside city or town limits, write "RURAL")

(d) Street No. 21 [illegible] Bus Station (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME George Y. Hull

3. (b) If veteran, name war no

3. (c) Social Security No. 500-07-3405

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Hull

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan (Month) 6 (Day) 1877 (Year)

8. AGE: Years 63 Months 3 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business Lawn

FATHER
12. Name George C Hull
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Young
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant's own signature Anna E. Flowers

(b) Address 2453 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo

18. (a) Signature of funeral director Roy Stanley

(b) Address St Joseph Mo

19. (a) 10-1-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 40 hour 4 minutes 45 P M.

21. I hereby certify that I attended the deceased from Ammo, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic Stenosis	
Acute pulmonary edema.	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 92a	
Major findings: Of operations ____	
Of autopsy See above	

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) ____

(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? ____ (Specify type of place)

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

23. Signature [illegible] 3 (M. D. or other) 10/2/40

Address [illegible] Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 x19511

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 George T. Hull, Registered Apprentice No. ..... working under my personal supervision.

Signed C G Theisen

Licensed Embalmer No. 2361

P. O. Address 9512 Hahn st

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.