

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36140

36140

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
202 No. Morley
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Hall
 (c) City or town Grand Island
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Oris W. Null

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Charlotte Null 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Feb 5th 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 19 If less than one day hr. _____ min. _____

9. Birthplace _____ Mio O
(City, town, or county) (State or foreign country)

10. Usual occupation Shop man (Retired)

11. Industry or business Missouri Pacific RR

12. Name William Null

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

14. Maiden name Catherine Gish

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

16. (a) Informant Mrs Eva Nelson

(b) Address Moberly Mo

17. (a) _____ (b) Date thereof Oct. 25th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meals, East of Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Oct 25-40 (b) Reah Nullman
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24th
 year 1940 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct 10
 1940, to Oct 24, 1940
 that I last saw him alive on Oct 22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoloxia

Duration 3 hrs

Due to _____

Due to _____

Other conditions Hypertension, Ch. Nephritis
(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) _____

(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? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Grufferd (M. D. or other) _____

Address Moberly Mo Date signed 10/24/40

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

RECEIVED

District Health Office No. 1A

District File Number 11-40-2173

Date Filed NOV 14 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.