No. 2
1-10-39
17-39
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41681

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 303

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

1. PLACE OF DEATH:

(a) County ADAIR

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

(c) Name of hospital or institution: (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) 2

In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ADAIR

(c) City or town KIRKSVILLE (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME JOHN C. HULL

3. (b) If veteran, name war World War

3. (c) Social Security No. 490-10-6030

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 18 (Day) 1892 (Year)

8. AGE: Years 48 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Bookkeeper 0

11. Industry or business 0

FATHER
12. Name L. C. Hull 0
13. Birthplace Knox (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Anna Motors McMurry
15. Birthplace Knox (City, town, or county) Mo (State or foreign country)

16. (a) Informant Eula Hull Buford

(b) Address Baring Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summers & Flinchy

(b) Address Kirksville Mo

19. (a) Jan. 7/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 30, 1940, to , 19 ; that I last saw him alive on Dec 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 3

While at work? (e) Means of injury 3

23. Signature C. L. Martin (M. D. or other) DO

Address Kirksville Mo Date signed 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-56
Date Filed JAN 7 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.