

FILED JAN 8 1940

Registration District No. 664

Primary Registration District No. 5882

Registrar's No. 20

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

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Rural, Green Ridge Twsp.
 (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
 In this community 25 years years, months or days) _____

3. (a) PRINT FULL NAME Edward Elwood Null
 3. (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 Edna Smith Null 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased October 5 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name E. B. Null
 13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Kathryn Hunsinger
 15. Birthplace Oxford Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Null
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-3-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Dec 7/1940 (b) W.R. Shelley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Rural, Windsor, MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD # 5
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
 year 1940 hour 6:40 a P minute _____ M.

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

Immediate cause of death
Carcinoma of the Rectum

Due to _____
 Due to 4/2

Other conditions (Include pregnancy within 3 months of death)
to Moffet D.O.

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?
60/

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

23. Signature F. E. Moffet (M., D. or other) D.O.
 Address 223 Phelps Date signed 12/6/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-41

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 *Edw. M. Huston*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, Me*

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.