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

FEB 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2328

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 23 (23)

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo
(c) Name of hospital or institution 612 Lafayette St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME MARIA ELLA HULL

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Jan 1 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 25 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHERS
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Sutton

(b) Address 612 Lafayette Jefferson City

17. (a) Burial (b) Date thereof 1-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director Josiah Funeral Service

(b) Address 700 Jefferson St

19. (a) 1-28-41 (b) D. Bedford M.D.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 21
(c) City or town Jefferson 5
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Lafayette 4
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 25, year 1941 hour 6:40 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 8, 1941, to Jan 25, 1941; that I last saw her alive on Jan 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arctic Resuscitation
Due to _____

Due to _____

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

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy none
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? _____

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

23. Signature D. Bedford (M. D. or other) 0

Address Jefferson City Date signed 1/27/41

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 *L.H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.