

Registration District No. 773

Primary Registration District No. 60184

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural: St. Francois
(c) Name of hospital or institution:
Hiway # 61 North of Farmington
(d) Length of stay: In hospital or institution _____
In this community One Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural
(d) Street No. Hiway # 61 North of Farmington
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Louis C. Hull

8. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased August 22 - 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 21 hr. min.

9. Birthplace Knox Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber

11. Industry or business _____

12. Name Albert Hull
18. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eula Bufford
(b) Address Farmington Mo.

17. (a) burial (b) Date thereof 12/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Tronton Mo.

19. (a) Jan 14-1941 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1941 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-11-41
1941 to 1-13 1941;
that I last saw him alive on 1-13-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis left

Due to Arteriosclerosis, Chronic Myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence 1-13-41

(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?
U I M

(Specify type of place) _____
While at work? no (e) Means of injury no

23. Signature Paul Z. ... (M. D. or other) D
Address 7-14th St., Mo Date signed 1-15-41

Duration Three
Physician _____
Underlines the cause to which death should be charged statistically.

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

74
00

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.....

Lyle M. White....., Registered Apprentice No. 277
working under my personal supervision.

Signed Lyle M. White.....

Licensed Embalmer No. 2012.....

P. O. Address Green Bay.....

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.