

FILED MAR 14 1941

Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution K.C. - B. Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 da. (Specify whether years, months or days)

In this community 44 yrs 6 - 21 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. Helping Hand
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hull, Harry

3. (b) If veteran, name war —

3. (c) Social Security No. 443-12-647

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 179 years

7. Birth date of deceased June 21 (Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) (State or foreign country) D

10. Usual occupation Dish washer

11. Industry or business

12. Name Hull Clarence

13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

14. Maiden name Bayer Emma

15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant K.C. Tuberculosis Hosp.
(b) Address Inds. Mo

17. (a) Anatomical (b) Date thereof 2 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. S. College of Osteo

18. (a) Signature of funeral director Hebert F. J. ...

(b) Address 2332 Monte Place

19. (a) 9/25/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 41 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Feb 20, 1941; that I last saw him alive on Feb 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral For advanced pulmonary Tuberculous

Due to 12 13

Due to 12 13

Other conditions (Include pregnancy within 3 months of death) 12 13

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? —

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

23. Signature O.C. Bayer (M. D. or other) Sept.

Address K.C. 58 Hospital Date signed —

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

Handwritten mark

Handwritten mark

Handwritten mark

MOTHER FATHER

K.C. Mo.

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

Blaine E. Weiland

Licensed Embalmer No. *4075*

P. O. Address *2332 Monitor Pl*

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.