S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10617

FILED APR 9 1941

Registration District No. 294 Primary Registration District No. 54 Registrar's No.

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Morrelton Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Twp
(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)
In this community: years.

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

3. (a) PRINT FULL NAME: Albert J. Crull
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hannah Crull
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: July (Month) 28 (Day) 1889 (Year)

8. AGE: Years 51 Months 7 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Vettner (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER 12. Name: Seb. Crull
FATHER 13. Birthplace: Vettner (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Sonia Heisler
MOTHER 15. Birthplace: Freburg Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Erastus Crull
(b) Address: Morrelton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Vettner Mo.
18. (a) Signature of funeral director: Samuel Ritchell
(b) Address: St Clair Mo.
19. (a) April 9, 1941 (Date received by local registrar) (b) W. A. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 10.30 minute a. m.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Nasal Hemorrhage
Due to: Due to Injury to
Due to: Fall by falling
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): Accident
(b) Date of occurrence: March 19, 1941
(c) Where did injury occur? Morrelton Franklin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm while cutting tree (Specify type of place)
While at work? Yes (e) Means of injury: Falling
23. Signature: Ernest L. Ottman Coroner (Physician or other)
Address: Gerald, Missouri Date signed 3-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood W Kitchell

Licensed Embalmer No. 3873

P. O. Address St Clair, Mo.

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.