S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

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

42
6
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41973

State File No.

Registration District No. 3-4-7341 Primary Registration District No. 5487 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Henry
(b) City or town [illegible] Calhoun (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(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 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Calhoun Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nella Hull
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fe l
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) - 9 (Day) - 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	13	hr. min.

9. Birthplace Stelois (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Green Barr
13. Birthplace (City, town, or county) Tenna (State or foreign country)

MOTHER
14. Maiden name Mary Sullivan
15. Birthplace (City, town, or county) Tenna (State or foreign country)

16. (a) Informant Dr. John Hull
(b) Address Calhoun
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Mo
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) Dec. 24, 1941 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)
1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1941 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 5-31, 1939, to 12-22, 1941,
that I last saw her alive on 12-20, 1941,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs.
Due to: High blood pressure c̄ Decompensation	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations 938
Of autopsy

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? (Specify type of place)
While at work? Means of injury
23. Signature Eugene D. Nevills (M. D. or other) MD
Address Clinton Mo Date signed 12-23-41

(Licensed Embalmer's Statement on Reverse Side)

6

RECEIVED
District Health Officer No. 7.
District File Number 12-41-2182
Date Filed 1-13-42

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 Fred Wilkinson
Licensed Embalmer No. 2478
P. O. Address Clinton 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, fact should be so stated above.