S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10788

Registration District No. FILED APR 3 1942 318

Primary Registration District No. 2001

Registrar's No. 207

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 N. Clay 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Irvine T. Hull

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Angeline Hull

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August (Month) 10, (Day) 1845 (Year)

8. AGE: Years ✓ 96 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business Ministry

FATHER
12. Name Asa Hull
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Margarette Rittenhouse
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Miss Margaret Hull
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 3-17-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature) 4 8 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1942 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1st, 1942, to Mar 15, 1942, that I last saw him alive on Mar 14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inanition	
Senility	
Due to: after obstipation & weeks duration	
Due to: refused to eat or take any nourishment	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

162 b

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W E Wise (M. D. or other)
Address Holland Bldg Springfield Date signed 3/16/42

(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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.