S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 6608

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 11582

Registrar's No. 93

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. 1205 W. 16th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George August Kull
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lydia Ann Kull
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 19 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
86	8	18	hr. min.

9. Birthplace: Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Telegrapher
11. Industry or business: Railroad
FATHER
12. Name: John Kull
13. Birthplace: S (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name: Dora ?
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Dora Kull
(b) Address: 1205 W. 16th Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington, Missouri
18. (a) Signature of funeral director: Leo Hereford
(b) Address: 903 S. Ohio, Sedalia, Mo.
19. (a) 3-9-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1942 hour 2.30 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1942 to March 7, 1942 that I last saw alive on March 6th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility.	
Due to Fall down stairs on February 1942 - 7 am at his home	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fracture - Colles Left Wrist.	

Major findings:
Of operations: None
Of autopsy: None

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 as stated
(b) Date of occurrence: 1.32
(c) Where did injury occur? His home - 1205 W 16th (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: John B. Quilice M.D. (M. D. or other)
Address: Sedalia Mo Date signed: 3-7-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...trict Health Officer No. 8,
... File Number
Date Filed 4-10-42

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 L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address Seckelin 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.