

Registration District No. **213**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County **Cole**

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

(c) Name of hospital or institution **606 Madison 1**
(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 **56 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

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

(d) Street No. **606 - Madison**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Pearl Isabelle Hull**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1942** hour **7:30** minute **9** A.M.

21. I hereby certify that I attended the deceased from **2-16** 19**42** to **5-10** 19**42**.
that I last saw **her** alive on **5-9** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **October 8**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of lung with metastasis** Duration **6 mos.**

Due to _____

Due to _____

8. AGE: Years **56** Months **7** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **Elston** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **George M. Wilhite**

13. Birthplace **Elston** **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Agusta**

15. Birthplace **Elston** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Sims**

(b) Address **606 - Madison**

17. (a) **Burial** (b) Date thereof **5-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elston, Mo.**

18. (a) Signature of funeral director **Emma Swain**

(b) Address **700 Jefferson**

19. (a) **5-12-42** (b) **Norma Richter**
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **H7d**
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **D. V. Gillham** (M. D. or other) _____
Address **Jefferson City Mo** Date signed **5-11-42**

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

4

332

1-42

JUN 1 1962

William

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

[Handwritten Signature]

Licensed Embalmer No

3641

P. O. Address

[Handwritten Address]

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.