

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 18 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Clearmont
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM SAUNDERS HULLS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M.O 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 29 years (Day) (Year)

7. Birth date of deceased Jan 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Alexander Hulls

13. Birthplace Kent
(City, town, or county) (State or foreign country)

14. Maiden name Olga Jane Shanklin

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Hulls
(b) Address Clearmont Mo.

17. (a) Burial (b) Date thereof May 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) May 27, 1942 (b) May Coile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1942 hour 5 minute 10 p. M.

21. I hereby certify that I attended the deceased from April
....., 1942 to May 23, 1942
that I last saw him alive on May 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon
with Metastasis

Due to

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma of the colon with Metastasis

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

Duration

2
2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Dr. J. D. Sykes (M. D. or other) MD
Address Maryville Mo. Date signed 5/26/42

1268 (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.....

John W. Price

Licensed Embalmer No.....

4281

P. O. Address.....

Maryville 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.