

Registration District No. 59

Primary Registration District No. 5224

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

1. PLACE OF DEATH:

(a) County Lass
(b) City or town Rural Grand River Twp
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether

In this community _____ (Specify whether
years, months or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME CHARLES CHAMBERLIN HULL

8. (b) If veteran, name war ✓ 8. (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 Jessie Hull 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 19 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Osark Ark. 1.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

12. Name Alexander Hull

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

14. Maiden name Elizabeth Simpson

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

16. (a) Informant Marcia Hull Gallins

(b) Address Harrisonville Mo

17. (a) burial (b) Date thereof Aug 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Ark. R.C. 10

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Aug 11, 1942 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 10 to Aug 9 1942
that I last saw him alive on 8 Aug 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Chr Arterial Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/a

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) no

(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 David Stone (M. D. or other) _____
Address Harrisonville Mo Date signed 8/9/42

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

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 Ernest Rumbarger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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, above space should be left blank.