

FILED AUG 19 1942

Registration District No. 496

Primary Registration District No. 2055 5660

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural - Brookfield Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Brookfield - Route 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 9 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Rural - Brookfield 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA DELLA HULL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex 7-1 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Milton C. Hull 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27-1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name George Sims

13. Birthplace Jackson County Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Doughman

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

16. (a) Informant Bess Hull

(b) Address Brookfield - Route 2

17. (a) Rural (b) Date thereof July-30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Mo

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 7-29-1942 (b) H.W. Cannon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 3 minute 0 A.M.

21. I hereby certify that I attended the deceased from Nov 7-1939 to July 25 1942 to \_\_\_\_\_ 1942 that I last saw her alive on May 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 932

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature Dr. W. H. Putter (M. D. or other) 20

Address Brookfield Mo. Date signed 7-29-42

**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

*J. W. Blacklock*

Licensed Embalmer No. *2346*

P. O. Address *Brookfield*

**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.**