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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 67-128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30360

State File No.

Primary Registration District No. 5-2-6-5-2000

Registrar's No. 20

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian 22
(c) City or town Oldfield Mo 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.

3. (a) PRINT FULL NAME EDNA. HULL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife George Hull

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1906 (Year)

8. AGE: Years 35 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andy Harvill
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Eva Hunt
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Geo Hull
(b) Address Oldfield Mo

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof Sept. 2. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bruner, Mo.

18. (a) Signature of funeral director Otto Rathbun
(b) Address Sparta, Mo.

19. (a) 10-3-1942 (Date received local registrar) (b) Mrs. S. M. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on Aug. 30th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull + Spine

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 0341
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug. 30th 1942
(c) Where did injury occur? Rural Sparta, Christian Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature E. Warren W. Nelson Mo. Lic. (M. D. or other) 4460
Address Sparta, Mo. Date signed 10-3-42

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(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30360

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 20

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Edna Hull

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 18 (Day) 1908 (Year)

8. AGE: Years 35 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull & spine Hemorrhage & Shock

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

(b) Date of occurrence Aug. 30 - 1942

(c) Where did injury occur? Sparta (City or town) Christian (County) Missouri (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? No. (c) Means of injury Fall from wagon

23. Signature Warren H. Wilson (M. D. or other) Mo. Lic # 4460

Address Sparta, Mo. Date signed 11-5-42