

No. 2
5-42
-17-39
X32873

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

Registration District No. 157 Primary Registration District No. 5586

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Route 4, Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Lee Hull

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased February 11 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Ellis Hull

13. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nella Mae Garrison

15. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Hull

(b) Address Avilla, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 1, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Reeds Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 6-1-43 (Date received local registrar)

(b) Elizabeth Couplin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. none (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31 day 1943
year 1943 hour 20 minute P M.

21. I hereby certify that I attended the deceased from May 30th 1943, to May 31 1943, that I last saw him alive on May 31 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to Pneumococci

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. D. Hatcher (M. D. or other)

Address 403 1/2 S. Main, Carthage Date signed 6-1-43

Duration 2 days

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

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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 D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Cambridge, Mass

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 5086

Registrar's No. 103

1. PLACE OF DEATH:

(a) County _____
(b) City or town Rural Jasper Missouri
(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)

3. (a) PRINT FULL NAME Charles Lee Whill

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration _____

Due to No, not that I know

Due to about

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

Major findings: Of operations 109:1

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) Means of injury _____

23. Signature E. D. Fatcher (M. D. or other) _____

Address 403 1/2 South Main Date signed _____

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

SUPPLEMENTARY

12181-5

E.D. - [unclear]
4-83/2-5- [unclear]