S. No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18357

State File No.

Registration District No. 207 | Primary Registration District No. 5757 | Registrar's No. 97

1. PLACE OF DEATH

(a) County: Maries
(b) City or town: Vichy Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / Johnson Tavern
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Maries
(c) City or town: Vichy 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.? 0 years.

63
0
0

3. (a) PRINT FULL NAME: Martha N 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: Married

6. (b) Name of husband or wife: John A Hull

6. (c) Age of husband or ~~wife if~~ alive: 79 years

7. Birth date of deceased: 12 (Month) 24 (Day) 1867 (Year)

8. AGE: Years 75 | Months 4 | Days 17 | If less than one day hr. min.

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

10. Usual occupation: House wife

11. Industry or business:

MOTHER FATHER
12. Name: John A Conley
13. Birthplace: Ind / (City, town, or county) (State or foreign country)
14. Maiden name: Sandana King
15. Birthplace: Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant: Jess Hull
(b) Address: St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Macedonia Cem

18. (a) Signature of funeral director: W B Lickliter
(b) Address: St James Mo

19. (a) 5-19-43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-10 day year 1943 hour 6 45' minute P M.

21. I hereby certify that I attended the deceased from April 15, 1943, 1943, to May 10, 1943, that I last saw her alive on April 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	2 months
Due to: Chronic myocarditis	4 years
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: C V Hammler (M. D. [redacted])
Address: St James Date signed V. 10 '43

(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 W E Lickleder

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.