

0.2
4.41
7.39
23.28

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

FILED AUG 27 1943

State File No.

Registration District No. 135-136

Primary Registration District No. 549-7-64-11

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Eagleville Mo
(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 Several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Eagleville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mohaley Susan Bull
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, Widow
6. (b) Name of husband or wife James Bull
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 2-14-1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>12</u>hr.min

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

10. Usual occupation House Work

11. Industry or business None

12. Name Maive Moore

13. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Washburn

15. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Moore

(b) Address Eagleville Mo

17. (a) Burial (b) Date thereof 6/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blythesdale Mo

18. (a) Signature of funeral director Do not know

(b) Address Bethesda Mo

19. (a) 6-27-43 (b) Do not know
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 9 a.m. minute — M.
21. I hereby certify that I attended the deceased from Aug 22
1943 to June 26 1943
that I last saw her alive on June 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia. Duration 4 days

Due to Cardio-Vascular Renal Disease Unknown.

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 13/a PHYSICIAN —
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 Do not know (M.D. or other) Do
Address Eagleville Mo Date signed 6-27-43

1122

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. *3899*

P. O. Address..... *Bethany Md*

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. 28326
Registrar's No. 9

Registration District No. 136 Primary Registration District No. 4211

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Caylewell
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lilhe M. S. Bull
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 W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... (Day) (Year)
7. Birth date of deceased Feb 14 1878
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days..... Unless 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) (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) Lelik Brewer (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.....

20. DATE OF DEATH: Month July 1943 year..... hour..... minute..... M.
21. I hereby certify that I've read the record from..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

MEDICAL CERTIFICATION
Duration
Due to.....
Due to.....
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

