S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3732

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4646

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 2114 Holly / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days) In this community: 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

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

(d) Street No.: 2114 Holly (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country: 0

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3. (a) PRINT FULL NAME: ~~Arthur J~~ Julius H. Hull

3. (b) If veteran, name war: No.

3. (c) Social Security No.: Unknown

4. Sex: M.

5. Color or race: W.

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

6. (b) Name of husband or wife: MRS. Treasa Hull

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: June 4, 1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 26 If less than one day hr. min.

9. Birthplace: Poke County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Labor

11. Industry or business:

FATHER 12. Name: John Hull

13. Birthplace: Indiana (City, town, or county) / (State or foreign country)

MOTHER 14. Maiden name: Elizebeth Floyd

15. Birthplace: Indiana (City, town, or county) / (State or foreign country)

16. (a) Informant: Treasa Hull

(b) Address: 2114 Holly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cem.

18. (a) Signature of funeral director: H. Tigerman & Sons

(b) Address: Kansas City, Mo.

19. (a) 11-2-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 30 day 1943 year hour 3:45 P.M. minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lysol Intoxication

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 163X

Major findings: Of operations:

Of autopsy: See Above

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): Suicide

(b) Date of occurrence: October 30, 1943

(c) Where did injury occur? Kansas City (City or town) (County) Mo. (State)

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

While at work: No (e) Means of injury: Poison

23. Signature: J. E. Upner (M. D. or other) M.D.

Address: 28 McCoy Date signed: 10/31/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1946

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Ingeman

Licensed Embalmer No. 2744

P. O. Address K.P. 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, fact should be so stated above.