

Registration District No. FILED JAN 17 1946

Primary Registration District No. 5499

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural Lincoln Twp
(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 Harrison
(c) City or town Rural
(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 Harmand son of Willie Tull
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20
year 1943 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from _____ to _____

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 _____ years
7. Birth date of deceased Dec 20 1943
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Premature birth; Congenital Obesity Duration _____

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Lincoln Twp Harrison Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation at home

11. Industry or business _____
12. Name W.M. Tull
13. Birthplace Hatfield Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Hall
15. Birthplace Burn Okla
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant W.M. Tull
(b) Address 2 Hatfield Mo
17. (a) Burial (b) Date thereof Dec 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Love Rock

23. Signature By Mr Propert (M.D. or other) Do.
Address Bethany Mo. Date signed 12/24/43

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo.
19. (a) 12-2943 (b) Chas. Arthur
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

not

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.....

Joe E. Wheeler
Licensed Embalmer No. *3512*

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.