

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

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Russell Buchanan Null

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dorothy R. Null 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 11 1900  
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 4 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Garage Operator

11. Industry or business Owner

12. Name Eugene Null

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

14. Maiden name Dena Jackson

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

16. (a) Informant Mrs. D. R. Null

(b) Address Mexico Mo.

17. (a) Removal (b) Date thereof 1-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director C. R. Lupton Sons

(b) Address 723 1/2 Delaware

19. (a) JAN 16 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Mexico  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15<sup>th</sup>  
year 1945 hour 7 minute 18 P. M.

21. I hereby certify that I attended the deceased from January 1<sup>st</sup> 1945 to January 15 1945  
that I last saw him alive on January 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Refraction of small intestine - no trauma.

Other conditions 120 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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 F. R. Bradley (M. D. \_\_\_\_\_)  
Address Barnes Hospital, Date signed 1/16/45

4  
1  
2  
NR

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

JAN 16 1945

MAR 12 1945

*Emb rep cert filed*

**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.....

P. O. Address.....

**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.**