S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26680

Registration District No. 1 Primary Registration District No. 4003 Registrar's No. 163

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Gibbs (Rural) (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

3. (a) PRINT FULL NAME Mrs BERTHA 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 M

6. (b) Name of husband or wife Homer Hull

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec (Month) 12 (Day) 1880 (Year)

8. AGE: Years 64 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Little
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Helen Holden
15. Birthplace Knox Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Homer Hull

(b) Address Gibbs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4" 45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director F. R. Easley

(b) Address Brashear, Mo.

19. (a) 7-8-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2" year 1945 hour 6 minute — A.M.

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

Immediate cause of death Exhaustion from over exercise

Due to Angina Pectoris

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94 W

Of autopsy

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)

(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? Yes (e) Means of injury

23. Signature Foster R. Easley Coroner (M. D. or other)

Address Brashear Mo. Date signed

1049

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 2 1948

RECEIVED
District Health Officer No. 10
District File Number 8-45-73
Date Filed AUG 1 6 1945

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 Foster P. Easley,

Licensed Embalmer No. 1146

P. O. Address Brashear, 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.