No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28111

FILED AUG 24 1945

Registration District No. 2 Primary Registration District No. 5879 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: Missouri River at Vedgoa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 18 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Dixon, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loyd Harold Null

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

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 March 28, 1926 (Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Dixon, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name Chas Null

13. Birthplace Miller Co. Mo. 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Virgie Singleton

15. Birthplace Pulaski Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant M. D. Null

(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/45 (Month) (Day) (Year)

(c) Place: burial or cremation Seaton Cemetery

18. (a) Signature of funeral director Fred Gilbert

(b) Address Dixon, Mo

19. (a) 7 (Date received local registrar) (b) Esther Sanders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 2:30 minute P.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.

	Duration
Immediate cause of death Accidental Drowning, While Swimming in the	
Due to Missouri River	
Due to 183.3	
Other conditions (Include pregnancy within 3 months of death) 36	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 76

(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?

(e) Means of injury

23. Signature Clyde Martin Jr Coroner (M. D. or other)

Address Linn, Mo Date signed 7/30/45

5710 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 103
Date Filed 8-46

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.

Not Embalmed

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.

6. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. (256) Primary Registration District No. (4388) Registrar's No.

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Chamois Mo.
(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 years, months or days)
In this community —

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

3. (a) PRINT FULL NAME Loyd Harold Null
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 28 (Day) 1926 (Year)
8. AGE: Years 19 Months 3 Days 4 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 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) (Registrar's signature) Esther Sowder

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 12 year 1945 hour minute 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	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) accident
(b) Date of occurrence July 12 1945
(c) Where did injury occur? Mo River (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Algoa Reformatory Farm (Specify type of place)
While at work? (e) Means of injury Drowning

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

1945
S-28111