

FILED OCT 10 1945

Registration District No. 168

Primary Registration District No. 5671 4257

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson Co.
(b) City or town Leeton, Mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 41 yrs. years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Leeton, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1945 hour 5 P.M. minute _____ P. M.

21. I hereby certify that I attended the deceased from April
1945 to Aug, 1945 1945

that I last saw her alive on July 1945 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General
Malnutrition cancer

Duration

Due to Obvious cancer
primarily gone away 2 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 55a

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Emma Hull

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Thomas Hull 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug. 25 - 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 11 hr. — min.

9. Birthplace Mercer Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Sanders

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

14. Maiden name Mary F. Malone

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

16. (a) Informant Mrs. Hattie Stacy

(b) Address Leeton, Mo.

17. (a) 9-6-1945 (b) Date thereof 9-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeton, Mo.

18. (a) Signature of funeral director W.A. Brunninger

(b) Address Leeton, Mo.

19. (a) 9-6-1945 (b) W.A. Brunninger
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature W.A. Brunninger (M. D. or other) _____

Address Leeton, Mo. Date signed 9/11/45

1461

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed R. P. Branninger
Licensed Embalmer No. 3377
P. O. Address Sector, 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.