

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

FILED DEC 12 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 527 W. 12th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years (years, months or days)

3. (a) PRINT FULL NAME CHARLES MASON HULL

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MILDRED HULL  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased JUNE 18 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HULL ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business SELF

12. Name NATANIEL HULL

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

14. Maiden name ANNIE JONES

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

16. (a) Informant Mrs. Mildred Hull

(b) Address 527 W. 12th

17. (a) Burial (b) Date thereof 11-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. P. Foster

(b) Address 918 Brooklyn - KC Mo

19. (a) 11-26-45 (b) Ernest Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 527 W. 12th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23  
year 1945 hour \_\_\_\_\_ minute 2:40 P. M.

21. I hereby certify that I attended the deceased from Nov 18 1945, to Nov 23 1945  
that I last saw him alive on Nov 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

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 no  
(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 Ernest Holmes (M. D. occupant)  
Address 76 - E - 11th Date signed 11-26-45

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

48  
3  
8

Dr. John D. Paul  
Caldwell Bldg.  
9722  
New 8952

~~Res. 0371~~  
~~1213~~

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address 918 Brooklyn

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.

K.C. mo