No. 2
M—8-43
v. 5-17-39
I 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

FILED JAN 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. 41014

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 137

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year (Specify whether years, months or days)
In this community 77 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. County Home 21
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME Seborn Cornelius Hull
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
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 August (Month) 3 (Day) 1860 (Year)

8. AGE: Years 85 Months 3 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Gilford County, North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Saw Mill Operator
FATHER
12. Name Richard Hull
13. Birthplace Gilford Co., North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa J. Swain.
15. Birthplace Gilford Co. North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Chas. G. Hull
(b) Address Lamine, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4th/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Mo.
18. (a) Signature of funeral director Goodman & Baker
(b) Address Boonville, Mo.
19. (a) 12/4/45 (Date received local registrar) (b) Clay Marsh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1945 hour 9 minute a. M.
21. I hereby certify that I attended the deceased from 1943, 19__, to Dec 2, 1945; that I last saw him alive on Nov 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Degenerative Myocarditis	3 yrs
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)
(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 R. L. Dillemeyer (M. D. or other) MD
Address Boonville Mo Date signed 12/8/45

1654

(Licensed Embalmer's Statement on Reverse Side)

1-9-46

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.

Signed J. F. Goodman

Licensed Embalmer No. 1178

P.O. Address Boonville, 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.