

FILED JAN 2 1947

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Edina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gibson Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 48 hours  
(Specify whether  
in this community 48 hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52  
(c) City or town Baring 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Clinton Earl Hull

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 MARRIED

6. (b) Name of husband or wife Dosia Woodard 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov - 18 - 1888  
(Month) (Day) (Year)

8. AGE: 58 Years 1 Months 6 Days If less than one day hr. min.

9. Birthplace Baring Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Dealer

11. Industry or business

12. Name Lewis Hull

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

14. Maiden name Anna McMurry

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

16. (a) Informant Nephew, Lewis Hull

(b) Address 3410-73rd Ave, Sumner, Mo.

17. (a) IP Burial (b) Date thereof Dec-26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville.- Edina, Mo.

18. (a) Signature of funeral director Ruth Hudson  
(b) Address Edina, Missouri

19. (a) Dec-26-46 (b) Thelma S. Hummel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1946 hour 3 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 22 1946 to Dec 24 1946;  
that I last saw him alive on Dec 23 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Durgin

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Thelma S. Hummel (M. D. or other)

Address Edina, Mo Date signed 11/26/46

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

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RECEIVED  
District Health Officer No. 10  
District File No. 12-46-2963  
DEC 31 1946

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 Keith Anderson  
Licensed Embalmer No. 2415  
P. O. Address Edina, 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.