

S. No. 2
-12-45
-5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9026

State File No.

1232

FILED APR 1 1947

Registration District No. 149

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 OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 wks. (Specify whether
In this community 6 1/2 yrs. years, months or days)

3. (a) PRINT FULL NAME DANIEL MATTHEW DULL

3. (b) If veteran, name war no 3. (c) Social Security No. 714-05-7438

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. NELLIE DULL 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 22, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>24</u>hr.min.

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

10. Usual occupation Sheet Writer

11. Industry or business H. I. R. B. Express

12. Name John DULL

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

14. Maiden name Maudie

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

16. (a) Informant Mrs. Nellie Dull

(b) Address 5722 Euclid

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director O. V. Newcomer, Son
(b) Address 1401 BRUSH CREEK BLVD
3-18-47 (c) Thereldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5722 EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16th
year 1947 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 8 1947, to Mar 16 1947;
that I last saw him alive on Mar 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Sclerosis about Cardiac De-compensation Duration about 5 yrs

Due to Vascular Hypertension

Due to Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a
Of operations

Of autopsy

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 A. M. Atkins D.D. (M.D. or other)

Address 1728 Lee Bldg Date Mar 17-1947

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

MOTHER FATHER

See Body

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 *Bernard L. Forum*.....

Licensed Embalmer No. *4250*.....

P. O. Address *M D M D*.....

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.