

FILED JUN 30 1947

Registration District No. **372**

Primary Registration District No. **6276**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Rural Union Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **56 yrs** (Specify whether years, months or days)

In this community **56 yrs**

3. (a) PRINT FULL NAME **LEWIS CASS HULL**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cora Hull** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **march 28 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **17** If less than one day hr. min.

9. Birthplace **Clearmont MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Daniel Hull**

13. Birthplace **Delaware Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara M. Currier**

15. Birthplace **Delaware Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Hull**

(b) Address **Grant City, MO**

17. (a) **Burial** (b) Date thereof **6-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Vernon Cem**

18. (a) Signature of funeral director **Jack C. Dungee**

(b) Address **Grant City, MO**

19. (a) **June 18-47** (b) **Leta E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **North**

(c) City or town **Rural**

(d) Street No. **Grant City, MO**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **15**
year **1947** hour **9** minute **25** A. M.

21. I hereby certify that I attended the deceased from **3-2**

that I last saw **me** alive on **4-7** to **6-12** 19**47**
and that death occurred on the date and hour stated above. **6-14** 19**47**

Immediate cause of death **stroke, degeneration**

heart Duration **2 yrs**

Due to

Due to

Other conditions **Cerebral Hemorrhage 7-10-45**
(Include pregnancy within 3 months of death)

Major findings: **920**

Of operations

Of autopsy

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

(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) (c) Means of injury **0**

23. Signature **Leta E. Dawson** (M. D. or other)

Address **Grant City, MO** Date signed **6-16-47**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *John C. Dunfee*

Licensed Embalmer No. *3257*

P. O. Address *Front City, 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.

100M-1-8-43
V. S. No. 2
Per. 5-1-73
DSD