

FILED AUG 28 1947
Registration District No. 174

Primary Registration District No. 3035

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lafayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 14th Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME VIRGINIA J. AULL

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

4. Sex Fe / 5. Color or race W
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 July 17 - 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Lafayette Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Bull
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Mullen
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Ramsey
(b) Address Lafayette Mo.
17. (a) Burial (b) Date thereof 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lafayette Mo.

18. (a) Signature of funeral director James J. Murphy
(b) Address Lafayette Mo.
19. (a) 7/9/47 (b) Minerva E. Gadsden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette
(c) City or town 17th Franklin
(If outside city or town limits, write "RURAL")
(d) Street No. Lafayette
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1947 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 26 to July 2nd, 1947, that I last saw her alive on July 2nd, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
and
Arteriosclerosis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
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? 2

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

23. Signature B. H. Slough (M.D. or other) Do
Address Lafayette Missouri Date signed July 2, 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-42

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lehigh Valley

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.