No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 5 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40958
Primary Registration District No. 1000
Registrar's No. 1538

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Months. (Specify whether years, months or days)
In this community: Most of his life.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 723 South 11th. Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George E. Null
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower.
6. (b) Name of husband or wife: Bertha Null
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: JUNE (Month) 14th (Day) 1865 (Year)
8. AGE: Years 82 Months 5 Days 21 If less than one day ---- hr. ---- min.
9. Birthplace: Red Oak -- Iowa. (City, town, or county) (State or foreign country)
10. Usual occupation: Rail Road Trainman.
11. Industry or business: Railroads.
MOTHER FATHER
12. Name: Henry Null
13. Birthplace: Red Oak, Iowa. (City, town, or county) (State or foreign country)
14. Maiden name: Alfreda Null- (Nee unknown)
15. Birthplace: Red Oak, Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Laura Antrim (Daughter)
(b) Address: 1220 South 15th. Street-
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. E. R. Siderfaden Helena, Missouri.
18. (a) Signature of funeral director: 602 South 10th. Street, St. Joseph-
(b) Address:
19. (a) 1-2-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day fifth year 1947 hour 5 minute 05 P. M.
21. I hereby certify that I attended the deceased from 10-2-47, 19..., to 12-5-47, 19...; that I last saw him alive on 12-5-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	1 week
Due to:	
Due to:	
Other conditions: Fracture Rt Hip. (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 131
(b) Date of occurrence: 10-2-47
(c) Where did injury occur: St. Joseph, Buchanan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? nursing home 723 So 11 (Specify type of place)
While at work? no (e) Means of injury: fell out of bed
23. Signature: R. M. Buck (M. D. or other) M.D.
Address: 825 Charles Date signed 12-5-47
St Joseph Mo.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Ronald M. Buck.
825 Charles Street-
Phone 4-2754

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 Mollie E. Sidenfaden Fo

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.