

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8530
Registrar's No. 16

FILED MAR 25 1948

Registration District No. 140

Primary Registration District No. 3027 5546

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

1. PLACE OF DEATH:

(a) County Wayward
 (b) City or town Rural Franklin Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution San Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 In this community Months
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Autherison Hull
 3. (b) If veteran, name war —
 3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9
 year 1948 hour 09 minute 00 A. M.
 21. I hereby certify that I attended the deceased from June 1946 to March 15, 1948
 that I last saw him alive on March 15
 and that death occurred on the date and hour stated above.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ruth Evans Hull
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased: Sept. 14 - 1903
 (Month) (Day) (Year)

Immediate cause of death Wenema
 Due to Chronic nephritis & hepaticosclerosis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
54 5 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name John Hull
 13. Birthplace not known
 (City, town, or county) (State or foreign country)

14. Maiden name Maude Wesley
 15. Birthplace not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Evans Hull
 (b) Address Franklin Mo.

17. (a) burial (b) Date thereof 3-11-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Pleasant

18. (a) Signature of funeral director C. S. Newland
 (b) Address New Franklin Mo.

19. (a) 3-20-1948 (b) Dorothy Jernighan
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature W. J. Shaw (M. D. or other) M.D.
 Address Lee Hospital, Fayette, Mo. Date signed _____

Duration 1 week
 Physician —
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-24-48

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 H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.