

Registration District No. **132103**Primary Registration District No. **5807**Registrar's No. **45**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Leopold Washington Hull

3. (b) If veteran,

name war **_____**

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **Elizabeth Hall Hull**
 6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased **27 1887**
 (Month) (Day) (Year)

8. AGE: Years **67** Months **6** Days **2**
 If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **William Barber Hull**

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

14. Maiden name **Catherine Hull**

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

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

(b) Address **New Florence Mo.**

17. (a) **burial** (b) Date thereof **8-1-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Frank A. Thompson**

(b) Address **Monroe**

19. (a) **Aug 9 1948** (b) **Elbert Parker**
 (Date received by registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**
 (c) City or town **Evansville**
 (If outside city or town limits, write "RURAL")
 Street No. _____ (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 **29**
 year **1948** hour **4** minute **10** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1948** to **July 29th 1948**
 that I last saw **him** alive on **July 29th 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Auricular Fibrillation**
Cardiac Hypertrophy
 Due to **Hypertension**

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

Major findings: **950**
 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) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 (While at work? _____) Means of injury _____

23. Signature **Thos. F. King** (M. D. or other) _____
 Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

AUG 13 1948

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 Mrs. Aud G. Thompson

Licensed Embalmer No. 3282

P. O. Address Malden, Mass.

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.