S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27163

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 220

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 302 South Fillmore 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN FREDERICK HULL

3. (b) If veteran, name war none

3. (c) Social Security No. 495-01-6039A

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Urith Matteson Hull

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October (Month) 10. (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Madrid (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Newspaper Publisher

11. Industry or business Self-employed

FATHER
12. Name Henry Wilton Hull
13. Birthplace Boone Co., Iowa (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Kate Swift
15. Birthplace Grant City, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. J. F. Hull
(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 9-4-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from July 15, 1948, to Aug 28, 1948, that I last saw him alive on Aug 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	1 hr
Due to: Coronary Occlusion	1 mo.
Due to: General Arteriosclerosis	not known
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature F. A. Blanton (M. D. or other)
Address Maryville Date signed Aug 28/L

(Licensed Embalmer's Statement on Reverse Side)

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 W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.