

0.2  
/47  
7-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 16 1948  
Registration District No. 42

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35735  
Registrar's No. 1201

Primary Registration District No. 1000

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

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 Mercy Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)  
In this community 6 yrs 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wyvonne Tull  
3. (b) If veteran, no name war no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race white  
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 September 15 1933  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 1 18 hr. --- min

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

10. Usual occupation Student

11. Industry or business  
12. Name Willie Tull  
13. Birthplace Harrison Co., Mo (City, town, or county) (State or foreign country)  
14. Maiden name William Hall  
15. Birthplace Beaver Co., Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Willie Tull  
(b) Address Hatfield, Mo.  
17. (a) Removal (b) Date thereof 11-3-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation Bethany, Mo

18. (a) Signature of funeral director Stanley R. Hone  
(b) Address St Joseph, Mo  
11-12-48 (Date received local registrar)  
(c) E. L. Jenkins (Registrar's Signature) 382

2. USUAL RESIDENCE OF DECEASED: Harrison  
(a) State Mo (b) County Harrison  
(c) City or town Hatfield (If outside city or town limits, write "RURAL")  
(d) Street No. --- (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 3 year 1948 hour 2 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Oct 29/48 to Nov 3, 1948 that I last saw him alive on Nov 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
Due to acute arteriosclerosis  
Due to pericarditis

Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Acute arteriosclerosis with pericarditis  
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) (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 Dr. W. A. D. D. (M.D. or other)  
Address 408 E. 13th Date signed 11/3/48

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

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.....

*Charles E. Bennett*

Registered Apprentice No. *284*

working under my personal supervision.

Signed *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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.