FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 974

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39204

Primary Registration District No. 6276

Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural-Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City-rural 5
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
no
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lewis C. Hull
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jenuery (Month) I6 (Day) I879 (Year)

8. AGE: Years 69 | Months IO | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Sheridan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmwife
11. Industry or business .....

FATHER
12. Name Albert Edward Nead
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Rowena Fuller
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Chester Nead
(b) Address Grant City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-27-I948 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon
18. (a) Signature of funeral director J. C. Dunkle
(b) Address Grant City, Mo.
19. (a) Dec 4-1948 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature) 345

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Sept. 22 1948 to Nov-25- 1948
that I last saw her alive on Nov-24 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 Day
Due to: -	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Thrombosis Sept-22-48	2 Mo

Major findings:
Of operations -
Of autopsy no

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) -
(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 [illegible] (M. D. or other)
Address ..... Date signed 12-26-48

Jefferson City Printing Co.

(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 Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.