

REC'D JUL 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22326
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson(b) Township Snare(c) City Little Blue(e) Length of residence in city or town where death occurred 400Registration District No. 400Primary Registration District No. 255313(d) Street No. Jackson Co. Emergency Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Route #1 - Box 240St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 22, 1939

7. AGE

YEARS

0

MONTHS

0

DAYS

0

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

child

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Little Blue, Missouri

FATHER

13. NAME

John Tull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Kansas

MOTHER

15. MAIDEN NAME

Hazel V. Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Argentine, Kansas

17. INFORMANT (ADDRESS)

John Tull, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Donal RileyDATE June 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

George C. Carson, Independence, Mo.

20. FILED

6/26/391939

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 22, 1939 to June 22, 1939I last saw h. alive on June 22, 1939 Death is saidto have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice T. Jones M. D.(Address) Little Blue, 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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.