

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21635**

FILED JUL 13 1944
Registration District No. **137**

Primary Registration District No. **5507**

Registrar's No. **112**

1. PLACE OF DEATH:
(a) County **HENRY**
(b) City or town **LADUE - DAVIS TWP.**
(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 **NONE**
(Specify whether
In this community **72 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Henry**
(c) City or town **Ladue**
(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 _____

3. (a) PRINT FULL NAME **IDA MAY HULL**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **24**
year **1944** hour **1:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **1943**
_____, 19____, to **June 24**, 19**44**

4. Sex **FEMALE** Race **W.**
5. Color or Race **W.**
6. (a) Single, widowed, married, divorced **WIDOW**
(b) Name of husband or wife **Willard Hull**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 26 1866**
(Month) (Day) (Year)

that I last saw h. **a.** alive on **June 21**, 19**44**
and that death occurred on the day and hour stated above.
Immediate cause of death **Lobar pneumonia** Duration _____
Due to **apoplexy,**
Due to **myocarditis & atherosclerosis**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **108**
Of operations _____
Of autopsy _____

8. AGE: Years **77** Months **10** Days **28** If less than one day _____ hr. _____ min.
9. Birthplace **Wark Co. Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **housekeeper**

11. Industry or business _____
12. Name **E. H. Fahnstoeck**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Guernsey**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant **Dr. M. H. Hull**
(b) Address **Ladue Mo**
17. (a) **Burial** (b) Date thereof **6-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bear Creek Cem.**
18. (c) Signature of funeral director **J. F. Gussner**
(b) Address **Clinton Mo.**
19. (a) **June 26 1944** **Georgia Kitcher**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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 **Geo. S. Trzost** (M.D. or other) _____
Address **Clinton Mo** Date signed **June 26 44**

(Licensed Embalmer's Statement on Reverse Side)

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

002

1097

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

6-44-828

7-12-44

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, ~~on~~ by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H. H. Cassant

Licensed Embalmer No. _____

3779

P. O. Address _____

Clinton 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.