

No. 2
-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30098

State File No. _____

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 147

1. PLACE OF DEATH

(a) County Henry

(b) City or town Calhoun Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Tebo Trip (near Thrush)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2

(c) City or town Calhoun Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Tebo Trip (near Thrush) 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY HULL JR.

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on arrival and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Viola Hull

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec - 1 - 1873
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion immediate

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Tolsonville Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation dentist

PHYSICIAN

Major findings: 94A

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Marion Francis Hull

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Jane Barth

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Blades Luck

(b) Address 1500 S. Montau Bedsha

17. (a) Buried (b) Date thereof Sep 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cem

18. (a) Signature of funeral director Consalus & Peet

(b) Address Clinton Mo

19. (a) 8-2-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Hallinger (M. D. or other) 3

Address Clinton Mo. Date signed 9/3/46

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

JUL 21 1948

RECORDED

Office No. 7,
8-46-927
Date filed 9-9-48

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton ms

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.