

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Cadiz Mills (Rural)
(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) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community About 6 years
years, months or days)

3. (a) PRINT FULL NAME Isaac Edward Dull

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Maudie Dull 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 17 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 11 13 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Martin Dull

18. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Martina Cuthbert

15. Birthplace Jameson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maudie Dull

(b) Address Cadiz Mills, Mo.

17. (a) Burial (b) Date thereof Aug 6 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Run

18. (a) Signature of funeral director Joseph E. Burton

(b) Address Collins Mo.

19. (a) Dec 29-39 (b) O. E. Burton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair

(c) City or town Cadiz Mills, Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1939 hour 3 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 4, 1939, to Aug 4, 1939,
that I last saw him alive on July 29, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High blood pressure, arteriosclerosis

Due to _____

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

Major findings:
Of operations _____

Of autopsy no

Duration _____

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. E. D. Brown (M.D. or other) D.O.
Address Collins Mo Date signed Dec. 21 1939

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 Paul J. Stone

Licensed Embalmer No. 3990

P. O. Address Dallas 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, above space should be left blank.