

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 2293022930Registration District No. 796Primary Registration District No. 3138Registrar's No. 95

1. PLACE OF DEATH:

- (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 371 W. Yerby
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME JOHN KING HULLINGER3. (b) If veteran, name war 3. (c) Social Security No. 4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Georgia Hullinger

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

7. Birth date of deceased February 25, 1869
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70315

hr. min.

9. Birthplace Marion Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Life Insurance (retired)Metropolitan Life Co.

11. Industry or business

12. Name Ruben HullingerUnknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Lydia KingUnknown16. (a) Informant's own signature Georgia Hullinger(b) Address Marshall, Mo.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof June 3-40
(Month) (Day) (Year)(c) Place: burial or cremation Ridge Park Cem18. (a) Signature of funeral director R.P.M. Corary(b) Address Chicago, Mo.19. (a) 6-11-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 371 W. Yerby
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 11 minute 30 P.M.21. I hereby certify that I attended the deceased from 6-9, 1940, to 6-10, 1940
that I last saw him alive on 6-10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis 2 hrsDue to unknownDue to 59Other conditions 15 states

(Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy

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) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
 (Specify type of place)
 While at work? (e) Means of injury

23. Signature Ruben Hullinger (M. D. or other)
Address Marshall Mo Date signed 6-11-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 Donald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall 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.