

S. No. 2
4-12-40
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6521

State File No. _____

Registrar's No. 61

Registration District No. 120

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger
(c) City or town
(d) Street No.
(e) If foreign born, how long in U. S. A. 1 years.

In this community _____ years, months or days

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 2 day 3 year 47 hour 9 minute 25A M.

21. I hereby certify that I attended the deceased from 1-17 1941 to 2-3 1941

that I last saw ~~him~~ alive on 2-3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA (LOBAR)

Due to 108
Due to

Other conditions HYPOERTHYSIA

Major findings: Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. L. Smith (M. D. or other) While at work? (Specify type of place) (e) Means of injury
Date signed 7/7/41

3. (a) PRINT FULL NAME LEANDERS HARRISON NULL

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 Jennie Mee 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug 27 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Wesley Null

13. Birthplace Ballinger Co Mo (City, town, or county) (State or foreign country)

14. Maiden name G. M. Smith

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

16. (a) Informant Mrs. Jennie Mee

(b) Address Buteville, Mo

17. (a) Burial (b) Date thereof 7th 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial

18. (a) Signature of funeral director David B. Morgan

(b) Address 401 S. 3rd St
19. (a) 2-3-41 (b) J. M. Thompson (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

6
1
4

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S. Morgan*.....

Licensed Embalmer No. *3361*.....

P. O. Address *Adrian, 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.