

FILLED NOV 14 1941

Registration District No. **779**

Primary Registration District No. **6018A**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Near Farmington, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 49
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **8 days**
years, months or days)

3. (a) PRINT FULL NAME

Anna Bull

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **76** Months **u.k** Days **u.k**
If less than one day _____ hr. _____ min.

9. Birthplace **Perry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **William Bull**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Luckey**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records of State Hospital No. 4**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **10-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville, Mo**

18. (a) Signature of funeral director **William Young**

(b) Address **Perryville, Mo**

19. (a) **Oct 18 41** (b) **T. J. Robinson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Perryville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18th**
year **1941** hour **7:10** minute _____ A.M.

21. I hereby certify that I attended the deceased from **10-10-41** to **10-18-41**
that I last saw her alive on **10-17-**
and that death occurred on the date and hour stated above.

Immediate cause of death **Anticoagulants, generalized + marked**
Duration **?**
Due to **97**
Due to _____

Other conditions **Severe Paralysis, Simple Deterioration**
(Include pregnancy within 3 months of death) **5 mos.**

Major findings:
Of operations **no operations**
Of autopsy **no 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? _____ (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 _____
23. Signature **C. C. Ault** (M.D. or other) **MD**
Address **Farmington, Missouri** Date signed **10/14/41**

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

400

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.