No. 2
1—2-43
17-39
35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1943

Registration District No. 10

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 27575

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Audrain.

(b) City or town Mexico, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Co. Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain. 4

(c) City or town Rush Hill, Mo. 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wm Henry Dull.

3. (b) If veteran, name war .....

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Nora Dull.

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

7. Birth date of deceased Aug. 28, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	7	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Virginia. / (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name John Dull.
13. Birthplace Unknown (City, town, or county) Virginia. / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown. 9 (State or foreign country)

16. (a) Informant Lisa Fredman
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation South Fork, Cemetery.

18. (a) Signature of funeral director Clyde C. Wiley
(b) Address Perry, Missouri.

19. (a) Aug 6 - 1943 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th. year 1943 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1941 to Aug 5 1943; that I last saw him alive on Aug 4 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of both feet	2-Month
Due to arterio sclerosis & mitral stenosis	6-M
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 98.2
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W K McCall (M. D. or other) MP
Address Iaddonia Mo Date signed 8-5-43

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-43-1529
Date Filed SEP 10 1943

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~~ Clyde C. Wilkey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. B820

P. O. Address Perry, 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.