

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13505

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1485
 (c) City Kansas City (d) Street No. 3640 The Paseo St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Newel Crane Hulén 450
 (a) Residence, No. 3640 The Paseo St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna S. Hulén
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Francis Marion Hulén

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Woodruff Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. W. H. Stevens,
(ADDRESS) 3640 The Paseo, Kansas Cy., Mo.

18. BURIAL, CREMATION OR OTHER PLACE Belton, Missouri DATE April 8, 1938

19. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Apr 6 1938 M. M. Crown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to Apr 6, 1938

I last saw h. alive on Apr 6, 1938 Death is said

to have occurred on the date stated above, at A. 8:25

The principal cause of death and related causes of importance were as follows:

Hypostatic Bronchial Pneumonia Date of onset 4/5/38

Other contributory causes of importance:

Coronary Arteriosclerosis 1935

Cerebral hemorrhage 3/2/38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. W. Beach D.

(Address) 1500 Professional Bldg

with body in cold storage

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)