

REC'D APR 21 1939

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

11052

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 3919 Registered No. 123
 (c) City Independence (d) Street No. Independence Sanitorium 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

(a) Residence, No. 430 Emeline B. Hullett St. (If nonresident, give city or town and State)
617 Brookside (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byron Hullett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Jawa

FATHER 13. NAME Nathan Barr

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

MOTHER 15. MAIDEN NAME Mary M Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (NAME) Carl Holderbaum
 (ADDRESS) 1154 - E. 76 st

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Iowa DATE Apr 4 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Foster
 (ADDRESS) 918 Brooklyn W.C. Mo

20. FILED 4-12-39 S. L. local 360 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1939, to April 3, 1939

I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 6:10a m.

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

Myocardial degeneration
Toxic myocarditis
g & c

Other contributory causes of importance:
Semility
3rd degree burns right shoulder & arm Mar 28, 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis: Clinical 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. Nickson Jr., M. D.
 (Address) Independence, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1st Nat Bank
4th Floor
Sept 26 1908

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 Wenzil Browning

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

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.