

SEP 12 1939

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

29188  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Greene Registration District No. 318  
 (b) Township Springfield, Mo! Primary Registration District No. 2001 Registered No. 674  
 (c) City Springfield, Mo! (d) Street No. 909 W. Nichols 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.  
 43?

2. PRINT FULL NAME Thomas H. Hultz  
 (a) Residence, No. Crane - Mo. R-2 St.  Crane Mo R 2  
 (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 Florence Hultz  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 11 9 1/2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Ky 1

FATHER 13. NAME J. C. Hultz 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Henry Hultz  
909 W. Nichols, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE Sept. 3, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Crang, 113 Maple  
Clever, Mo.

20. FILED Aug. 31, 1939 Chas. H. George 910  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 - 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1939, to 8-31, 1939  
 I last saw him alive on 8-30, 1939. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
lymphatic leukemia Date of onset 2 yrs  
720  
 Other contributory causes of importance: Anemia 1 1/2 yrs  
 Name of operation None Date of None  
 What test confirmed diagnosis? Blood study 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) M. H. Napper, M. D.  
 (Address) Springfield Mo.

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.

**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 J. H. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**