

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Proctor & Finckel
32183
State File No. _____
Registrar's No. 131

Registration District No. 190T 19 1939

Primary Registration District No. 3011

Registrar's No. 131

1. PLACE OF DEATH
(a) County Linn
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Snapp Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County 2
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 4717 Greenwood Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANGIE RICE HULBERT
8. (b) If veteran, name war no
8. (c) Social Security No. 720 -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct 11th day 1939
year _____ hour 9:30 minute 0 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charlie Rice Hulbert
6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year) Aug 29 - 1860

Immediate cause of death Cerebral embolism
Due to Heart Attack
Due to _____
Other conditions (include pregnancy within 3 months of death) g26

8. AGE: Years 79 Months 2 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Great Barrington Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Isaac H. Rice
13. Birthplace Mass.
(City, town, or county) (State or foreign country)
14. Maiden name James Willard
15. Birthplace Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Rice Bryant
(b) Address Shetland Road, Rockport, Mass

17. (a) Removal (b) Date thereof 10-14-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Great Barrington Mass.

18. (a) Signature of funeral director Herbert
(b) Address Excelsior Springs Mo

19. (a) Oct 14, 1939 (b) Mrs. R. M. Chase
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
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? _____

23. Signature Catherine Mysong (M. B. or other) Common
Address Liberty Mo Date signed _____
(Specify type of place) (e) Means of injury

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1956

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 _____

Scott W. Hochensmith, Registered Apprentice No. _____
working under my personal supervision.

Signed Scott W. Hochensmith

Licensed Embalmer No. 3597

P. O. Address Creelsior Spring

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

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