

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
1916 Paris Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Tilda Pauline Hulen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Ernest Hulen

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 24th 1909
(Month) (Day) (Year)

8. AGE: 30 Years 5 Months 29 Days
If less than one day hr. min.

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

MOTHER { 12. Name William N Hatton

FATHER { 13. Birthplace Boone Co. MO.
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Sallie Barkwell

FATHER { 15. Birthplace Boone Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant W E Hulen

(b) Address 1619 Paris Road

17. (a) Burial (b) Date thereof Feb 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIDWAY

18. (a) Signature of funeral director R Roberts

(b) Address Columbia, Mo.

19. (a) 2/24/40 (b) Allie Selby
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1916 Paris Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd
year 1940 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 1,
1940 to Feb. 1940;

that I last saw or alive on Jan 27, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
(Bilateral)

Due to _____

Due to 70

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature James M Baker (M. D. or other) MD

Address Columbia, Mo. Date signed 2-24-40

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 Lyman J. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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, above space should be left blank.