FILED APR 12 1940

V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9941

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1375

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

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 601 E. 62nd St.
(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) In this community: 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 601 E. 62nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME: John R. Hulse 1720

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Julia C. Hulse

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: June 9, 1859 (Month) (Day) (Year)

8. AGE: Years 80 | Months 9 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Oak Grove, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Warehouse Owner

11. Industry or business:

FATHER
12. Name: George W. Hulse
13. Birthplace: (City, town, or country) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Nancy E. Steele
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. H. R. Hulse
(b) Address: 601 E. 62nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 W. 42nd St., K. C., Mo.

19. (a) Mch 28, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27, year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from March 25, 1940 to March 27, 1940 that I last saw him alive on March 25th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: 82 yr

Due to:

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: S. W. Fair (M. D. or other)
Address: 404½ W 75 K.C. Mo. Date signed: 3/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. B. Freeman Registered Apprentice No. 404½ W. 75th working under my personal supervision.

Signed J. B. Freeman

Licensed Embalmer No. 2939

P. O. Address K. C. 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.