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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11367

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
422 N. MADISON.
(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 years, months or days) 470

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 422 N. Madison
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Hulda B. Hulsey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. T. Hulsey

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September (Month) 7 (Day) 1867 (Year)

8. AGE: Years 72 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Granby (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jasper Hulsey
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Simmons
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. T. Hulsey
(b) Address Webb City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Webb City Cem.

18. (a) Signature of funeral director Webb City Und Co.
(b) Address Webb City Mo

19. (a) MCH. 7.40 (Date received local registrar) (b) P. L. Critchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5 7 6
year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2-21-40, 19__, to 2-5, 1940
that I last saw her alive on 2-5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular-Renal Disease	
Due to	
Due to 31	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No.

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

23. Signature [illegible] (M. D. or other)
Address Joplin MO Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 4240-937
Date Filed APR 4 1940

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 Myself, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, 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.