DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21451

Registration District No. 1431 Primary Registration District No. 5205 Registrar's No.

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Van Buren, Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Buren, Mo.
(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)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County Carter
(c) City or town Van Buren
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles West Van Buren.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME NANCY ANN HULEN 450

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~~

6. (b) Name of husband or wife JESSIE 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 9 (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Wm Hart
13. Birthplace — (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name —
15. Birthplace — (City, town, or county) unknown (State or foreign country)

16. (a) Informant's own signature Jessie Hulen
(b) Address Van Buren, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 40 (Month) (Day) (Year)
(c) Place: burial or cremation Family Cemetery

18. (a) Signature of funeral director Cody-Leuckel
(b) Address Van Buren, Mo

19. (a) 6-27-40 (Date received local registrar) (b) T. H. Carson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-10, 1940, to 6-21, 1940 that I last saw her alive on 6-20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Atrophy of Optic and adjacent nerves — Duration
Due to Senility
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 Wm. H. Burton (M. D. or other) M.D.
Address Van Buren Date signed 6-22-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD
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.
1 X19511

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.

District Health Officer No. 5.

District File Number 740 781

~~Date Filed~~ 7/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.