

FILED JAN 17 1941
Registration District No. **17**

Primary Registration District No. **5021**

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2

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

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:
929 West First Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 years **2**
years, months or days)

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. 929 West First Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter C. Hulin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) ~~Single, widowed, married,~~
~~divorced~~

6. (b) Name of husband or wife Kathryn Hulin 6. (c) Age of husband or wife if
alive 55 years

7. Birth date of deceased January 28, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Sales Manager

11. Industry or business General Steel Products Co.

MOTHER FATHER { 12. Name Nathan J. Hulin **U**

13. Birthplace no data Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Francis E. Terry

15. Birthplace no data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Hulin
(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) DEC. 26. 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from
Dec 1 1940 to Dec 23 1940
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Sclerosis of spinal cord

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____ (a) Means of injury _____ **3**

23. Signature [Signature] (M. D. or other) **100**
Address Osburg Mo Date signed 12/24/40

41-1-20

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. 2859
working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

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, fact should be so stated above.