

JAN 8 1940

Registration District No. 664

Primary Registration District No. 3884

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Burns
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence of Benthadawning
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 30 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME

Chas. Hulbert

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Male

5. Color

White6. (a) Single, widowed, married,
divorced

4. Sex

Male

5. Color

White6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife

Isabella

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

May 30 1849
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

9161

hr.

min.

9. Birthplace

Victor New York
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Chas. S. Hulbert

13. Birthplace

New York State
(City, town, or county) (State or foreign country)

14. Maiden name

Sarah Hulbert

15. Birthplace

New York State
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Charles Hulbert

(b) Address

17. (a)

Burns
(Burial, cremation, or removal)

(b) Date thereof

Dec 3 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Boy Batts. Cem.

18. (a) Signature of funeral director

L. P. Reams

(b) Address

Green Ridge Mo

19. (a)

Dec 5 1940
(Date received local registrar)

(b)

G. R. Shelley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Pettis

(c) City or town

Rural
(If outside city or town limits, write "RURAL")

(d) Street No.

Nine-Miles South East Green Ridge
(If rural, give location)

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

_____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month Dec day 1year 1940hour 4minute 40 P. M.

21. I hereby certify that I attended the deceased from

Nov 251940, to Dec 11940

that I last saw him alive on

Dec 11940

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

Immediate cause of death

Chronic valvular disease of heart

Duration

D.K.

Due to

Due to

Other conditions

Influenza
Chronic bronchitis6 days

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)

(e) Means of injury

23. Signature

H. A. Hite

(M. D. or other)

Address

Green Ridge MoDate signed 12/2/40

Date Filed 1-2-41
Licent File Number
Officer No. 8

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 L. L. Ream
Licensed Embalmer No. 1881
P. O. Address Green Ridge

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43882

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 664

Primary Registration District No. 5884

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Wash. T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community, years, months or days (Specify whether

3. (a) PRINT FULL NAME Chas S. Hulbert

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. 28 1/2 years

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

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

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

10. Usual occupation

11. Industry or business

12. Name Chas S. Hulbert

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Feb 19th 1941 (b) H.R. Shulley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.
(c) City or town. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

20. DATE OF DEATH. Month Dec day 1 year 1941 hour. minute. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to. Due to. Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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) (e) Means of injury.

23. Signature H. A. Hite (M. D. or other) Address Green Ridge Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Supplemental

S-43482