

FILED DEC 11 1941
Registration District No. 175

Primary Registration District No. 6020-9

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Miranda A. 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 Henry Hulsey

6. (c) Age of husband or wife if alive 65 years

7. Birth date of (deceased) March 30 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Care of Home

11. Industry or business _____

MOTHER FATHER

12. Name Milton Pood

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

14. Maiden name Theran Lewis

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

16. (a) Informant Henry Hulsey

(b) Address Desloge, Missouri

17. (a) Burial (b) Date thereof Nov. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson

18. (a) Signature of funeral director C. J. Boyer

(b) Address DE SLOGE Mo.

19. (a) Nov. 27, 1941 (b) N. W. Hawkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Desloge
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1941 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-17
1941 to 11-17-41, 1941;
that I last saw her alive on 11-17, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer

Due to Perforated ulcer

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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)

(2) Means of injury _____

23. Signature Geo. R. Watson (M. D. or other) D
Address _____ Date signed 11/27/41

PHYSICIAN

Duration 3 da

4.025
Years

Underline the cause to which death should be charged statistically.

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 *D. T. Loyen*
Licensed Embalmer No. *3660*
P. O. Address *Westgate 7000*

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.