DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5399

Registrar's No. 655

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3346 Gillham Road / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3346 Gillham Road (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mr. Harvey N. Hulse newton

3. (b) If veteran, name war None

3. (c) Social Security No. 712-18-3562

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara B. Hulse

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August (Month) 1 (Day) ~~1887~~ 1885

8. AGE: Years ~~54~~ 56 Months 6 Days ~~14~~ 13 If less than one day hr. min.

9. Birthplace Holden (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Express Messenger

11. Industry or business Missouri, Kansas & Texas Railroad

12. Name Mathew Hulse

13. Birthplace Holden Missouri (City, town, or county) 0 (State or foreign country)

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant Richard L. Hulse

(b) Address 3346 Gillham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to Acute pulmonary edema

Due to Chronic interstitial myocardial fibrosis

Other conditions (Include pregnancy within 3 months of death) Coronary sclerosis

Major findings:

Of operations 93 D

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 3

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Quisenb

Licensed Embalmer No. 4070

P. O. Address R. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No.
Local Registrar's No. 655

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of March, 1942 before me appears Richard L. Hulse, who, upon his oath, states that the original record of ~~birth~~ ~~death~~ for Harvey N. Hulse ~~born~~ died 2-14, 1942 in the State of Missouri, and which was filed at K.C. on 2-16, 1942 should be corrected as follows:

Item No. 7 should read 8-1-1885
Instead of 1887

Item No. 8 should read 56
Instead of 54.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Richard L. Hulse Son
Relationship.

215 E. Linwood 1st Wash
Present Address.

Subscribed and sworn to before me this 12 day of March, 1942

My Commission expires Jan. 15, 1946

My Commission Expires Jan. 15, 1946

Rose A. Marks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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