S. No. 2
—1-4-41
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I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7824

FILED MAR 10 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 492

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: East Lurch & Lix Aves (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3-1/2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Bolivar 979

(c) City or town Mound Bayou Miss 22 (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Hillard Haulcy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Francis Haulcy

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov (Month) 15 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Charles Haulcy
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Francis Haulcy

(b) Address Kinloch Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address Lix Ave, Kinloch

19. (a) MAR - 4 1942 (Date received local registrar) (b) E. S. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2th year 1942 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from Dec-20 1941 to Feb-27 1942 that I last saw him alive on Feb-27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 1 year

Due to Rheumatism

Due to .....

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

Major findings: Of operations 9 Od

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 Jas. A. Ramey (M. D. or other) D

Address S. Kinloch Date signed 3/2/42

(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~~ me, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed. Clark Young

Licensed Embalmer No. 387

P. O. Address St Louis

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.