

FILED APR 1 1942
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1092

148
003
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 yr 11 mos 12 days
74 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Hulskamp
(b) If veteran, name war XX
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Antony Hulskamp
(c) Age of husband or wife if alive 8 years
7. Birth date of deceased Sept. 8 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 8
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business
12. Name Frederic Gusph
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ditsch
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Brown
(b) Address 210 W. Dartmouth

17. (a) Burial (b) Date thereof 3-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-17-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 16th
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 4, 1942 to March 16, 1942 that I last saw her alive on March 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia 3 days
Due to: Cardiac degeneration 3 weeks
Due to: Generalized arteriosclerosis years
Other conditions: 95c
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations: no
Of autopsy: no
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) _____
Means of injury _____
23. Signature: John T. Blumner (M. D. or other) M.D.
Address: 11402 Bryant Rd. Date signed: 3-17-42

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J. E. No

1402 Bergant
11-7010

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..... *A. R. Haverschild*

Licensed Embalmer No. *4159*

P. O. Address *94. E. W. O.*

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.