

FILED JUL 7 1942

Registration District No. 162

Primary Registration District No. 5228

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural  
(c) Name of hospital or institution: El Dorado Spgs. Mo. One  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren  
(c) City or town Rural  
(d) Street No. El Dorado Spgs. Mo. R.F.D. 1  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM M. HULSE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased July 25 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOEL T. Hulse  
13. Birthplace Not known, Mo  
14. Maiden name Emma Smith  
15. Birthplace Not known, Mo

16. (a) Informant W. J. Hulse  
(b) Address El Dorado Spgs. Mo. 3

17. (a) Burial (b) Date thereof 6/5/42  
(c) Place: burial or cremation LEFLER

18. (a) Signature of funeral director Major Funeral Home  
(b) Address El Dorado Spgs Mo

19. (a) 6-5-42 (b) W. J. Hulse  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from May 4 1942, to June 4 1942  
that I last saw him alive on May 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - ~~Broken~~ Compensation  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions. 938  
(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? \_\_\_\_\_  
(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 W. J. Hulse (M. D. or other) \_\_\_\_\_  
Address El Dorado Spgs Date signed 6-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

300

RECEIVED  
District Health Officer No. 7,  
District File Number 7-42-688  
Date Filed 7-6-43

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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

*George W. Hafes*

Licensed Embalmer No. 2752

P. O. Address El Dorado, Miss

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.