

S. No. 2
I-9-4-41
5-17-39
PI X2946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21198

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 437

1. PLACE OF DEATH:

(a) County **GREENE**

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

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

(d) Length of stay: In hospital or institution **1 day 2 hrs**
(Specify whether years, months or days)

In this community **37 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **879 N. Franklin**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **LEWIS LEONE HULBERT**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Unknown**

6. (c) Age of husband or wife if **deceased** years

7. Birth date of deceased **November 18 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **23** If less than one day
hr. min.

9. Birthplace **Russell County, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Odd Jobs**

11. Industry or business _____

12. Name **Koran Hulbert**

13. Birthplace **Unknown New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Lyness**

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

16. (a) Informant **Mrs. Mary L. Crosby**

(b) Address **Waynesville, Oklahoma**

17. (a) **Burial** (b) Date thereof **6/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **J. P. Thorne**

(b) Address **Springfield, Mo.**

19. (a) **6/16/42** (b) **S. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11** year **1942** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **6/9/42**, 19 **42**, to **6/11/42**, 19 **42** that I last saw him alive on **6/10**, 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-cranial Hemorrhage**

Due to **Skull fracture**

Due to **Struck by automobile**

Other conditions (Include pregnancy within 3 months of death) **1700-8**

Major findings: Of operations **Collison with Pedestrian**

Of autopsy _____

Duration
2 days
2 days

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) **Accident**

(b) Date of occurrence **6/9/42** **1942**

(c) Where did injury occur? **Springfield Greene Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **South Campbell St. Road**

While at work? **No** (Specify type of place)

Means of injury **automobile**

23. Signature **W. Roland Lyster** (M. D. or other) **M.D.**

Address **Springfield, Mo** Date signed **6/12/42**

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

LV

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. H. Greene*
Licensed Embalmer No. 3681
P. O. Address Springfield, Mo.

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.