

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3068

48
893
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 10
(d) Length of stay: In hospital or institution 10 days
In this community About 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3323 College
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Anita Hulseman
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 13th
year 1942 hour 8 minute 40 P.M.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William Hulseman-deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 6, 1877

21. I hereby certify that I attended the deceased from 7-3-42 to 8-13-42
that I last saw her alive on 8-13-42
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 7
If less than one day hr. min.

Immediate cause of death Post-operative colloid goitre
Due to
Due to
Other conditions
Major findings: See above
Of operations
Of autopsy: None

9. Birthplace Philadelphia, Pennsylvania /
10. Usual occupation Housewife

11. Industry or business
12. Name Clarke
13. Birthplace Pennsylvania /
14. Maiden name Unknown
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. R. H. Williams, Son in law
(b) Address R.R. No. 3, Parkville, Missouri
17. (a) Burial (b) Date thereof Aug 15, 1942

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?

18. (a) Signature of funeral director John S. Minton
(b) Address 832 Armorel Pl. No. 7, C. Mo.
19. (a) 8-14-42 (b) M. M. Brown

23. Signature Dr. K. P. Gen
Address Med. Dir. K. P. Gen Hospital, K. C. Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.