S. No. 2
M—9-4-41
v. 5-17-39
I X29484

36

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

Registration District No. 111

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30289

Primary Registration District No. 5427

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: Robertsville, R.F.D. #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (specify whether

In this community ~~40 yrs~~ 1 day. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Labadie, Mo. R.F.D. #1 (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME SAM HULSEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Mable Hulsey

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 14 (Day) 1868 (Year)

8. AGE: Years 74 Months 5 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Pete Hulsey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mathilda Fitzgerald
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mable Hulsey

(b) Address Robertsville, Mo. R.F.D. #2

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville, Mo.

18. (a) Signature of funeral director Nieburg & Vitt Inc

(b) Address Washington, Missouri

19. (a) 8/17/42 (Date received local registrar) (b) Bruce C. Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 16 42 to Aug 18 1942 that I last saw him alive on 16 July 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chr.

Hypotension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] M.D. or other

Address Washington Mo. Date signed 8/17/42

1118

(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~~ Lester H. Vitt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed: Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.