

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32873

34278

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 6 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
Residence 719 South Hayden  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether  
in this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 719 South Hayden  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Walter Hulett

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1942 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug - 18  
1942 to Oct. 12 1942  
that I last saw h. i. m. alive on Sept. 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eff e 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 30, 1856  
(Month) (Day) (Year)

Due to Central Hemiplegia

Due to Chronic myocarditis

Due to Hypertension

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

Major findings: Of operations.....

Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	86	5	5	hr. min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

1318

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

10. Usual occupation Retired Car Carpenter

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Hulett

13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Anna Funk

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

16. (a) Informant Mrs. John Betts

(b) Address 2835 Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

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?.....

18. (a) Signature of funeral director Wm M. Smith  
(b) Address 902 Broadway

19. (a) 10-15-42 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

23. Signature B. T. Murphy (M. D. or other) md  
Address Hannibal Mo Date signed 10-15-42

(Licensed Embalmer's Statement on Reverse Side)

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

Murphy

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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.....

*Elmer Thomas*, Registered Apprentice No.....  
working under my personal supervision.

Signed *Elmer Thomas*.....

Licensed Embalmer No. *2460*.....

P. O. Address *Hannibal, Missouri*.....

**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.**