

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 5-8

Registration District No. 316 Primary Registration District No. 3059

94
2
1

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(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 St. Francois

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Vivian K. Hulsey

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1942 hour 5:20 minute P. M.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Lyle Hulsey 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: Oct. 22 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 12, 1942 to Nov. 13, 1942
that I last saw her alive on Nov. 13, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

31 10 11 hr. min.

Immediate cause of death: Post-partum eclampsia 1/2 da.

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

Due to _____

Due to _____

10. Usual occupation Care of Home

Other conditions (Include pregnancy within 3 months of death) 1450

11. Industry or business _____

MOTHER FATHER { 12. Name Lea Pratt

13. Birthplace Bonne Terre Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Burt

15. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lyle Hulsey

(b) Address St. Francois, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Mo.

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director C. J. Bayer

(b) Address Desloge, Mo.

19. 11-15-1942 (b) Byndie Bukhmaster
(Date received local registrar) (Registrar's signature)

23. Signature Huy Barber (M. D.) 24. D.

Address Bonne Terre, Mo. Date signed 11-17-42

RECEIVED

District Health Officer No. 3
District File Number 1242-1440
Date Filed 12-8-42

Handwritten notes: 12, 2000 24-120

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 C. J. Bayler
Licensed Embalmer No. 1671
P. O. Address Wesley, 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.