

FILED MAY 3 1948

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 261

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days.  
(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 Flat River  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NORA HULSEY

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

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

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

7. Birth date of deceased February 16, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 2 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jeff Gibson

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cem., Elvins, Mo.

18. (a) Signature of funeral director Caldwell Brothers

(b) Address Flat River, Mo.

19. (a) April 30, 1943 (b) B. Byrdie Bukhmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1, 1943 19 to April 20, 1943 19;  
that I last saw h. er alive on April 20, 1943 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to Hypertensive C.V. disease

Due to \_\_\_\_\_

Other conditions 9/20  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. Byrdie Bukhmaster (M. D. or other) MB  
Address 316 N. College Date signed 4-21-43

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

RECEIVED

District Health Officer No. 4  
District File Number 543-2123  
Date Filed 5-5-43

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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.....

Raymond Caldwell....., Registered Apprentice No.....  
working under my personal supervision.

Signed Raymond Caldwell.....

Licensed Embalmer No. 2531.....

P. O. Address Flat River 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.**