

**FILED OCT 13 1943**

Registration District No. 19

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community ✓ work  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5906 Holmes  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

H. Richard Hulett

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Mary B. Hulett

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 0  
If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business X

MOTHER FATHER

12. Name Ira Hulett

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

14. Maiden name Charlotte Carey

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

16. (a) Informant Charles Hulett  
(b) Address 5906 Holmes, Kansas City, Mo.

17. (a) removal (b) Date thereof 9-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-19-43 (b) T. E. Brown, Dep.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th  
year 1943 hour 3 minute 58 P.M.

21. I hereby certify that I attended the deceased from August 30th, 1943 to Sept. 17th, 1943  
that I last saw him alive on Sept. 17th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation and Bronchopneumonia  
Due to Hypertension and Chronic myocardial infarction

Other conditions (Include pregnancy within 3 months of death) 93k

Major findings: Of operations 94a

Of autopsy See above

Duration 2 Mos.

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)  
23. Signature Dwight R. Thoin (M. D. or other) 9-17-43  
Address Med. Dir. Gen'l Hosp. Date signed

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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.....

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

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.**