

NOV 9 1943 42

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1193

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
901 No 13th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 28 years (Specify whether years, months or days)

In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1212 So. 10th
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Hulet

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

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

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 17, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>5</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business

12. Name Winston Baldwin

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

14. Maiden name Julia Poe

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

16. (a) Informant Hobart Hulet

(b) Address 901 No 13th, St Joseph, Mo

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Mo.

19. (a) 10-25-43 (b) Rose Heizer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1943 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 10-22-43
to 10-22-43, 1943,
that I last saw her alive on 10-22-43, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Duration 10 min.

Due to chronic myocarditis 20 yrs.

Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature W. M. Teitelbaum (M. D. or other)
Address 731 7th av Date signed 10-25-43

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

MOTHER FATHER

1233

St Joseph, Mo

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.....

Robert H. Yaph

Licensed Embalmer No. *3308*

P. O. Address.....

St. Joseph 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.