S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9888

Primary Registration District No. 1002

Registrar's No. 1195

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~~: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 13 DAYS (Specify whether years, months or days)

In this community 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48 3

(c) City or town: KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3727 BENTON BLVD.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---

3. (a) PRINT FULL NAME: MRS. GRACE MAY HULSHIZER

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: MARRIED

6. (b) Name of husband ~~or wife~~: MR. GODFREY HULSHIZER

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: MAY (Month) 1 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	14	hr. min.

9. Birthplace: Holden (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: ----

FATHER
12. Name: JOHN GEORGE 9
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN 2
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: MR. GODFREY HULSHIZER

(b) Address: 3727 BENTON BLVD.

17. (a) ~~CREMATION~~ Burial (Burial, cremation, or removal) (b) Date thereof: MAR 16 1944 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation: D.W. NEWCOMERS SONS

18. (a) Signature of funeral director: D. W. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLVD

19. MAR 16 1944 (Date received local registrar) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14TH year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 17, 1944, to March 14, 1944, that I last saw her alive on March 14, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Oedema	3 days
Due to Meningitis Pneumococcic	3 weeks
Due to Mastoiditis pneumococcic	3 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Mastoiditis Bilateral

Of autopsy: Meningitis Pneumococcic

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature: L. Mont Leberman (M. D. ~~or other~~)

Address: 100 Y Prof Bldg Date signed: 3/15/44

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg

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 H. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address 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.