

No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17049

State File No. _____
 Registrar's No. 2184

FILED MAY 25 1944

Registration District No. _____ 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:
2459 Lawn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 14 years
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. 2459 Lawn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET IRENE HULETTE
 3. (b) If veteran, name was No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19
 year 1944 hour 11 minute _____ P. M.

4. Sex Fe. 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Dr. W. H. Hulette
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 1, 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18
1944 to May 19 1944
 that I last saw her alive on May 19th 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 8 18 hr. _____ min.

Immediate cause of death
cerebro apoplexy
 Due to _____
 Due to senility

9. Birthplace Vernon County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Homemaker

Other conditions (include pregnancy within 3 months of death)
830
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business None
 12. Name Peter Duncan
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Melissa Avery
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bessie Cousins
 (b) Address 2459 Lawn
 17. (a) Removal (b) Date thereof 5-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hume, Mo.

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? _____

18. (a) Signature of funeral director C. H. Blackman & Son
Kansas City, Mo.
 (b) Address _____
 19. (a) 5-20-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

In _____ (Specify type of place)
 while at work? (c) Means of injury _____
 23. Signature John P. Leoria (M. D. or other) M.D.
 Address 3848 Indiana Date signed 5-20-44

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

MOTHER FATHER

Dr. John Lewis
35 - 1st & Indiana

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. D. Blackman

Licensed Embalmer No. 3639

P. O. Address J. 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.