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24003

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 14 1944

3662

Registration District No.

Primary Registration District No.

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
944 W. Carico St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. 944 W. Carico
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaretta Hulen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 9 minute 40 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Hulen 6. (c) Age of husband or wife if alive, years 27 1919
(Month) (Day) (Year)

7. Birth date of deceased: June 27 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1944, to July 28, 1944
that I last saw her alive on July 27, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 1 Days 1 If less than one day
hr. min.

Immediate cause of death Tuberculosis Chr. Pulmonary 4 years
Duration

9. Birthplace: Monroe Co Mo
(City, town, or county) (State or foreign country)

Due to
Due to

10. Usual occupation Shoe Factory & Housewife

Other conditions 13 ft
(Include pregnancy within 3 months of death)

11. Industry or business International Shoe Co

Major findings: 13 ft

12. Name Earnest Talley

Of operations
Of autopsy

13. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Snowda Hamah

15. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Hulen
(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof July 31, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

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 —

18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Mo

23. Signature P. S. Williams (M. D. or other) M.D.
Address Mexico, Mo Date signed 7-29-44

1074

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAR 4 1955

RECEIVED

District Health Officer No. 10

District File Number

8-44-1443

Date Filed

AUG 11 1944

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

Everett R. Head

Licensed Embalmer No.

4038

P. O. Address

Mexico, 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.