. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36772

Registrar's No. 4857

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 47
(If outside city or town limits, write "RURAL")

(d) Street No. 1626 W 9th (Trailer)
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Leonard Hulgan

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Ma 0

5. Color or race wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

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

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

8. AGE: Years 50 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation R R Labor

11. Industry or business

FATHER
12. Name Philip Holgen
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Martha Hannagen
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Record clk
(b) Address Gen Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Payne Alabama

18. (a) Signature of funeral director Jacob Meyer
(b) Address 2315 Rumsey

19. (a) 12-2-44 (Date received local registrar) (b) T. E. Brown (1/3) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1944 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 22, 1944 to Nov. 30, 1944
that I last saw him alive on Nov. 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other conditions 111a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 A. E. Upsher (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 12-1-44

(Licensed Embalmer's Statement on Reverse Side)

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 Ray E Snow

Licensed Embalmer No. 2070

P. O. Address K 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.