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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40674

Primary Registration District No. 1000

Registrar's No. 1288

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: Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 313 So 6th 7
(If rural, give location)

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

If yes, name country 11

3. (a) PRINT FULL NAME John T. Hulet

3. (b) If veteran, name war No

3. (c) Social Security No. 488-14-0744

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 26 (Day) 1893 (Year)

8. AGE: Years 51 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Albany (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business Milling Co.

FATHER
12. Name William Hulet
13. Birthplace Gentry Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Baldwin
15. Birthplace Gentry Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Hobart Hulet

(b) Address St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (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) 12-26-44 (Date received local registrar) (b) Helen [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I ~~attended~~ VIEWED the deceased from 12-22, 1944, 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death penetrating injuries of the Brain inflicted with instrument during a fight with another man

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

167

Major findings:
Of operations none

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) Homicide

(b) Date of occurrence 12-21-44

(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)

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

While at work? no (e) Means of injury Knife Wound

23. Signature R.W. Tadlock Coroner (M. D. or other)

Address St Joseph Mo. Date signed 12-22-44

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(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 Robert L Yaple

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.