

FILED MAR 31 1945  
Registration District No. 2

Primary Registration District No. 000

Registrar's No. 308

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Weeks (Hosp't  
(Specify whether  
In this community 50 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2604 1/2 Pacific St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Charles Irej Hulse

3. (b) If veteran, name war None

3. (c) Social Security No. 712-01-9753

4. Sex Male Color or race White

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

6. (b) Name of husband or wife Mary Teresa

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 23 1883  
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 22  
If less than one day hr. min.

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

10. Usual occupation Railroad Brakeman

11. Industry or business Union Pacific

12. Name Frank Hulse

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Hartman

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hulse

(b) Address 2604 1/2 Pacific St.

17. (a) Burial (b) Date thereof Mar. 19, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director

(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 3/19/45 (b) [Signature] (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 15  
year 1945 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb 1 to March 15 1945  
that I last saw him alive on March 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic nephritis with hypertension  
Due to arteriosclerosis general  
arteriosclerotic kidney disease  
Due to

Other conditions  
Uremia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy Not done

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

While at work? (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed [Date]

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

MOTHER FATHER

1377

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

51949  
RRA

JUN 29 1949

**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 Keith Collier  
Licensed Embalmer No. 3632  
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.**