

(Warren) ✓
State File No. 13505

FILED MAY 7 1945

Registration District No. 152

Primary Registration District No. 5573A

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3 mi North Smabertop
(If not in hospital or institution, write street number or location)

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

In this community 73 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Oak Grove (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi North
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Minnie H. Hulse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased May 3 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired

12. Name Greenville Hulse

13. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Rossman

15. Birthplace Judson Co Va
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. Hulse

(b) Address Oak Grove Mo

17. (a) Rural (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Wesleyan Cem, Oak Grove

18. (a) Signature of funeral director J. B. Whitson

(b) Address Oak Grove Mo

19. (a) 4-12-45 (b) Mrs. Jessie M. Hulse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1945 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from July 23 1944 to April 9 1945
that I last saw her alive on April 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration 5 da.

Due to: Mediastinal tumor 2 yrs.

Due to _____

Other conditions: Mitral stenosis 1 yr.
(Include pregnancy within 3 months of death)

Major findings: A2
Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature K. E. Warren (M.D. or other) DO.
Address Oak Grove Mo Date signed 4-10-45

1560

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 TRB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.