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M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32985

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 224

1. PLACE OF DEATH:  
(a) County ADAIR  
(b) City or town KIRKSVILLE, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Macon  
(c) City or town Bevier, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES HULLETT  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 22  
year 1945 hour 9 minute 27 P.M.  
21. I hereby certify that I attended the deceased from Sept 20  
1945 to Sept 22 1945;  
that I last saw him alive on Sept 22 1945;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 1 1873  
(Month) (Day) (Year)

Immediate cause of death Coma  
Due to Diabetes  
Duration 24 hrs  
Due to \_\_\_\_\_  
Other conditions Uremia due to pyelonephritis  
(Include pregnancy within 3 months of death)  
caused by acute obstruction of ureters

8. AGE: Years Months Days If less than one day  
72 4 21 hr. min.  
9. Birthplace Brown, Mo (City, town, or county) (State or foreign county)  
10. Usual occupation Farmer

Other conditions Uremia due to pyelonephritis  
(Include pregnancy within 3 months of death)  
caused by acute obstruction of ureters  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Christopher Hullett  
13. Birthplace Mo (City, town, or county) (State or foreign county)  
14. Maiden name Rebecca Adams  
15. Birthplace Mo (City, town, or county) (State or foreign county)  
16. (a) Informant Edwin Hullett  
(b) Address Bevier, Mo  
17. (a) Burial (b) Date thereof 9-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pallas, Mo  
18. (a) Signature of funeral director H. S. Edwards  
(b) Address Bevier, Mo  
19. (a) 9-28-45 (b) Dr. J. W. Wagner  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. T. Gutensohn (Physician or other) D.O.  
Address Kirkville, Mo Date signed 9-23-45

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

RECEIVED

District Health Officer No. 10

District File Number 10-45-1572

Date Filed OCT 17 1945

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

*H. J. Edwards*

Licensed Embalmer No.

1961

P. O. Address

Bevier, 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.**