S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13765

Registration District No. 178 Primary Registration District No. 5659 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Caroline Marie Hulsebus

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Hulsebus

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

7. Birth date of deceased Oct. (Month) 29 (Day) 1849 (Year)

8. AGE: Years 96 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Des Moines Co. (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation None

11. Industry or business

FATHER
12. Name William Boelker 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Boelker
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs P. W. Hulsebus
(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Mo.

18. (a) Signature of funeral director Earl H. Barkley
(b) Address Canton Mo.

19. (a) 3/25/46 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22 year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 12, 1945, to Mar. 22, 1946 that I last saw her alive on March 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 92

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 P. W. Jennings (M. D. or other)
Address Canton Mo. Date signed 3/23/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-904
Date Filed APR 22 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.