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23260

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 29 1946

Registration District No. _____

Primary Registration District No. 5445

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Sturley
(b) City or town Boyle 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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sturley 38
(c) City or town Boyle Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Hila Ethel Hulst

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Walter Hulst

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 17 - 1881
(Month) (Day) (Year)

8. AGE:

Years 65 Months 3 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Sturley Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Sumner

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

14. Maiden name Florence E. Hise

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

16. (a) Informant Walter Hulst

(b) Address Albany Mo R. F. D

17. (a) Buried (b) Date thereof June 7 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Evangelical

18. (a) Signature of funeral director Walter Hulst

(b) Address Albany Mo

19. (a) June 27 - 1946 (b) Walter H. Hulst
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1945, to June 4, 1946, that I last saw her alive on June 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the lungs

Due to _____

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

Major findings: Of operations 131

Of autopsy _____

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 C. F. Priddy (M.D. or other)

Address Albany, Mo Date signed 6-12-46

Duration

703
hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

22111

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Charles B. Burch

Licensed Embalmer No. 3329

P. O. Address Albany 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.