

No. 2  
-5-43  
5-17-39  
1 X36671

27177

FILED AUG 27 1946

State File No. \_\_\_\_\_  
Registrar's No. 3550

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson County  
 (b) City or town Jackson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Trinity Lutheran HS  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether  
 In this community in day (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME CORNELIUS HULST  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. unknown

4. Sex male 5. Color of hair White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Caroline Hulst  
 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased March 22 - 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 24 hr. min.

9. Birthplace Dordrecht Holland  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Banana - Hammer

11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace " " (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace " " (State or foreign country)

16. (a) Informant Mrs. Caroline Hulst  
 (b) Address Route #5, North Kansas City  
 17. (a) Burial (b) Date thereof Aug 19 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Farrago Lutheran

18. (a) Signature of funeral director G. H. ...  
 (b) Address Liberty, Mo  
 19. (a) 8-17-46 (b) Geraldine Holman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
 (c) City or town North Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route #5 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16<sup>th</sup>  
 year 1946 hour 7 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from August 15 1946, to August 16 1946  
 that I last saw him alive on August 16 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Cardiac Hypertrophy  
Cardiac dilation  
 Due to Atherosclerosis  
 Due to 95C

Other conditions Chronic passive congestion of lung & liver; Hydrothorax  
 (Include pregnancy within 3 months of death)  
 Major findings: Plural adhesion  
Cystitis - chronic  
 Of autopsy of cardiac pathology listed above

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 G. H. ... (M. D. or other) MD  
 Address 730 Professional Bldg Date signed 8/16/46

Kansas City 6 Mo

**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.....

*Edgar Archer*

Licensed Embalmer No..... *3311*

P. O. Address..... *Liberty, 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.