

S. No. 2
M. 5-13
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE INSURANCE
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34300

State File No. _____

Registration District No. 294

Primary Registration District No. 4439

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clark, Mo.
(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 _____ years, months or days yo. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph 84

(c) City or town Clark
(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 ANNA PRICE HULEN

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 MA.

6. (b) Name of husband or wife Geo. L. Hulen

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased 11 17 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 28 day 2 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 30 1946 to Sept. 28 1946 that I last saw him alive on Sept. 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death obstruction of bowels

8. AGE: Years 84 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name S. W. Earley

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

14. Maiden name Ruby Leuter

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

Due to _____

Due to _____

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

Major findings:
Of operations No Evidence of Cancer

Of autopsy _____

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant P. B. Deffen

(b) Address Clark, Missouri

17. (a) Appleson Chapel (b) Date thereof 10-1-46
(Burial, cremation, or funeral) (Month) (Day) (Year)

(c) Place: burial or cremation Appleson Chapel, Clayton

18. (a) Signature of funeral director Full G. Thompson

(b) Address Madison, Mo.

19. (a) _____ (b) Earl H. Hulen
(Date received local registry) (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 P. A. Woods (M. D. or other) _____

Address Clark, Mo. Date signed 10-1-46

122B
ADDITIONAL SUPPLEMENTARY INFORMATION

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

MOTHER FATHER

WARRANT

RECEIVED
District Health Officer No. 10
No. Number 10-46-2814
Date filed OCT 14 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 *Fred A. Thompson*

Licensed Embalmer No. 7420

P. O. Address *Madison, 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..