

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40140

State File No.

FILED JAN 7 1947

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(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 years, months or days)

In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan
(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 Carrick Hulsey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Hulsey 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 7 10 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Washington County MD
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Charles Hulsey

13. Birthplace Washington County MD
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Redick

15. Birthplace Washington County MD
(City, town, or county) (State or foreign country)

16. (a) Informant Med. Hulsey

(b) Address Sullivan MO

17. (a) Burial (b) Date thereof 12-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Sullivan

18. (a) Signature of funeral director Casey J. Jansz MO

(b) Address 414 S. 1st St. Sullivan MO

19. (a) 12-28-1946 (b) Carrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 1946 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from 1942
_____ 19____ to Dec 27 1946
that I last saw him alive on Dec 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to Senility

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

Duration 8 hrs

Major findings: _____

Of operations 930

Of autopsy _____

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? 0

While at work _____ (Specify type of place) Means of injury _____

23. Signature D. J. Morse MO (M. D. or other) _____
Address Sullivan MO Date signed 12/28/46

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

MOTHER FATHER

Date Filed 12-30-46

District File Number

District Health Officer No. 9,

RECEIVED

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... *J. M. Lent*

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.