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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1153

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 346

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 433 N. Lawndale / (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 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 433 N. Lawndale (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME Delia Hulce

3. (b) If veteran, name war – no

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 George

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

7. Birth date of deceased May (Month) 10 (Day) 1864 (Year)

8. AGE: Years 82 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Connersville (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Home Making

11. Industry or business –

MOTHER FATHER

12. Name William Martin

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

14. Maiden name Ellen Cassidy

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

16. (a) Informant Mrs. Stephen De Meter

(b) Address 433 N.Lawndale, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son

(b) Address Kansas City, Mo.

19. (a) 1-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1947 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec-19, 1946 to Jan-21, 1947 that I last saw him alive on Jan 20. 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chronic Myocarditis

Due to Essential Hypertension

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

Major findings: Of operations – 93 8

Of autopsy –

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) 2

While at work? – (e) Means of injury –

23. Signature Paul E Forney (M. D. or other) DO.

Address 622 8½ 8 15th Date signed 1-23-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Forney
6230½ E.15

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.