

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4274**

Registration District No. **57**

Primary Registration District No. **5224**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **CASS**
(b) City or town **RURAL MT PLEASANT TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1 mi. North Belton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME **PEARL GIDDINGS HULEN**

3. (b) If veteran, name war **/**
3. (c) Social Security No. **330-24-1712**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **JAMES W. HULEN**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **MAY 4 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **21**
If less than one day **hr. min.**

9. Birthplace **Jones Co IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER
12. Name **WILLIAM GIDDINGS**
13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY SMITH**
15. Birthplace **IOWA**
(City, town, or county) (State or foreign country)

16. (a) Informant **JAMES W. HULEN**
(b) Address **BELTON, MO.**

17. (a) **BURIAL** (b) Date thereof **FEB 27 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELTON, MO.**

18. (a) Signature of funeral director **E. K. George + Sons**
(b) Address **BELTON, MO.**

19. **March 1-1947** (b) **Rama Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CASS**
(c) City or town **BELTON RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 mi. N. Belton**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **25**
year **1947** hour **8** minute **35** P.M.

21. I hereby certify that I attended the deceased from **Oct. 18,**
1946 to **FEB. 25, 1947;**
that I last saw her alive on **FEB. 24, 1947;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism of coronary artery, acute** Duration **10 min.**

Due to **Coronary arteriosclerosis.** **10 YRS.**

Due to **Senility** **93D** **-**

Other conditions **(1) Myocarditis, chronic** **10 YRS.**
(Include pregnancy within 3 months of death)

(2) Hypertension, severa. **PHYSICIAN**
Major findings: **Toxic poizone, 1945.**

Of autopsy **None performed.** 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) (e) Means of injury **-**

23. Signature **Herbert A. Tracy** (M. D. or other) **M.D.**
Address **BELTON, MO.** Date signed **Feb 26, 1947.**

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

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.....

Licensed Embalmer No. *3645*

P. O. Address *Grandview, 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.