No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32011

FILED NOV 5 1948

Registration District No. 37

Primary Registration District No. 5119

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia — Rural
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. — Rural
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY MARGARET HULEN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F-1
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, divorced Married
6. (b) Name of ~~husband or wife~~ C. T. HULEN
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased JAN (Month) 22 (Day) 1859 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 9 | 9 | hr. min. |

9. Birthplace Warrensburg (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name WILLIAM M. RAWLINGS
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MATILDA McBRIDE
15. Birthplace KY (City, town, or county) (State or foreign country)
16. (a) Informant MR. C. T. HULEN
(b) Address Centralia — Mo.
17. (a) BURIAL (Burial, ~~cremation~~, or removal) (b) Date thereof NOV. 1-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Centralia
18. (a) Signature of funeral director [illegible]
(b) Address Centralia Mo
19. (a) Nov 1-1948 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st year 1948 hour 12 minute 55A M.

21. I hereby certify that I attended the deceased from 8-20-48, 19..., to 10-31-48, 19...; that I last saw her alive on 10-25-48, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardial Degeneration | |
| Due to Arteriosclerosis & Hypertension | |
| Due to | |
| Other conditions Gangrene of Left Foot (Include pregnancy within 3 months of death) | |
| Major findings: Of operations Complications of old age | |
| Of autopsy — | |

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature P. O. Baker, D.D. (M.D., other)
Address Centralia, Mo Date signed 10/31/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
NOV 4 1948
Date Filed

## 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 George Jernigan

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.**