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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36502

Registrar's No. 4363

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 4 DAYS (Specify whether
In this community 28 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 80

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 5518 WOODLAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME MR. JESSE B. DULIN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of ~~husband or~~ wife MRS. NIATE A DULIN

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

7. Birth date of deceased AUGUST (Month) 25 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace WARRENSBURG (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation OWNER J. B. DULIN COMPANY

11. Industry or business MEATS- CITY MARKET

FATHER
12. Name EDWIN A. DULIN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name SARAH ARTZ
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Gladice E Musser

(b) Address Odessa Mo.

17. (a) Rt 1 Box 1 (Burial, cremation, or removal) (b) Date thereof OCT-28-1948 (Month, Day, Year)

(c) Place: burial or ~~cremation~~ OAK GROVE CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director J. W. Newcomer's Sons

(b) Address 1401- BRUSH CREEK BLVD.

19. (a) 10-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 26TH year 1948 hour 10 minute 04 A.M.

21. I hereby certify that I attended the deceased from Oct 22, 1948, to Oct. 26, 1948, that I last saw him alive on Oct 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days.
Due to Arterial Hypertension.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis Hydrocoele (Huge) (HYDROCOELE)	
Major findings: Of operations None	
Of autopsy Refused	

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? Carl R. Ferris (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl R Ferris (M. D. or other)

Address 934 Argyle Bldg Kansas City, MO Date signed Oct 27, 1948

(Licensed Embalmer's Statement on Reverse Side)

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.....Edward M. Storey

Licensed Embalmer No.....4452

P. O. Address.....K. C. 4 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.