

FILED MAY 26 1950

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16792

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2115</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>		b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (this place) <u>49 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>2810 TERRACE 3460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3810 TERRACE</u>				d. STREET ADDRESS <u>2810 TERRACE 3460</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EARL</u>		b. (Middle) <u>BROWN</u>		c. (Last) <u>HULETT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 - 1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUG - 9 - 1900</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elec.</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>William Hulett</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE M. URIE</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>475-09-9000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Hulett</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				ADDRESS <u>3810 TERRACE, K.C. MO</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lung cancer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Organism not determined</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				521X	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>before</u> , 19 <u>45</u> to <u>May 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 2</u> , 19 <u>50</u> , and that death occurred at <u>4:36 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert S. Valentine</u>				23b. ADDRESS <u>11248 ...</u>		23c. DATE SIGNED <u>5/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 8 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-8-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Ph. Newcomer's Sons - K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FFP 29 1932

Ex-1001-4701

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Edward M. Storey

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address: K.C. 14 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.