

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28098

State File No. ....

AUG 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3739

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> <u>0</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3237</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| c. LENGTH OF STAY (in this place) <u>27 Yrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>2021 Spruce</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Research</u>  |  |  |  |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Arthur</u><br>b. (Middle) _____<br>c. (Last) <u>Hulling</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug. 21, 1952</u> |
|--|---|

|                    |                               |   |                                       |   |  |   |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 20, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 6 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>K. G. Star</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|--|---|---|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Martin Hulling</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Kadel</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Hulling</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>486-05-4048</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Emma Hulling</u> | ADDRESS <u>2021 Spruce</u> |
|--|--|---|----------------------------|

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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>150X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus, advanced</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                                      |  |  |
|--------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>6.3.52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Grade 4 squamous cell carcinoma of esophagus</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) _____ m. | 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 June 1, 1952, to August 21, 1952, that I last saw the deceased alive on Aug 21, 1952 and that death occurred at 11 a. m., from the causes and on the date stated above.

|   |                    |                                 |
|---|--------------------|---------------------------------|
| 23a. SIGNATURE <u>John H. Mayer, Jr.</u> (Degree or title) <u>Prof. Bldg. K.C.Mo.</u> | 23b. ADDRESS _____ | 23c. DATE SIGNED <u>8/23/52</u> |
|---|--------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/23/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
|---|--------------------------|---|--|

|   |   |   |  |
|---|---|---|--|
| DATE REC'D BY LOCAL REG. <u>8-22-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp &amp; Sons</u> | ADDRESS <u>4139 Truman Rd. K.C. Mo</u> |
|---|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Wagner*  
*Parent of [illegible]*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William H. Corp* \_\_\_\_\_

Licensed Embalmer No. *4728* \_\_\_\_\_

P. O. Address *KC 7110* \_\_\_\_\_

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.