

FILED NOV 10 1944

Registration District No.

Primary Registration District No. 5573A

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Oak Grove, Rural, Sni a bar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi. North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether)
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME Minnie F Hulse
(b) If veteran, name war..... (c) Social Security No.
F. Male | 5. Color White | 6. (a) Single, widowed, married Married
4. Sex Male | race White | divorced
6. (b) Name of husband or wife L.C. Hulse 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Nov 27 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 11 If less than one day
hr. min.

9. Birthplace Jackson Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Wm B Jennings
13. Birthplace Richmond Va
(City, town, or county) (State or foreign country)

14. Maiden name Sinna Dryer
(City, town, or county) (State or foreign country)

15. Birthplace Warrenton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Roma Hulse

(b) Address Burial Oak Grove Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Mecklin, Oak Grove Mo

18. (a) Signature of funeral director Mrs. G.B. Webb & Son
(b) Address Oak Grove Mo

19. (a) 9-12-1944 (b) Mrs. Jessie M. Histon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Oak Grove Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1944 hour 11.30 minute a.m.

21. I hereby certify that I attended the deceased from July 23rd
1944, 19 Sept 7th 1944, 19 1944
that I last saw her alive on September 7th 1944, 19 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of the small Duration
Bowels and Pelvic Organs 11 Y
ears

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. V. Smith (M. D. or other).....

Address Harshville, Mo Date signed.....

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.....

R B Webb

Licensed Embalmer No.....

2357

P. O. Address.....

Chas Springs 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.