

S. No. 2
M-1-4-41
Rev. 5-17-39
X26390

2018

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1942
Registration District No. 688

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WATER ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 MONTHS (Specify whether years, months or days)
In this community 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PIKE
(c) City or town LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No. 117 1/2 GEORGIA ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRY HALL DULIN
3. (b) If veteran, name war —
3. (c) Social Security No. 492-18-0439

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 5TH
year 1942 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife LETA DULIN
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPTEMBER 4 1887
(Month) (Day) (Year)

Immediate cause of death: ACUTE ALCOHOLISM
Due to FOUND DEAD IN BED.
Due to _____

8. AGE: Years 55 Months 9 Days 1
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) none
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

9. Birthplace LIBERTY MO
(City, town, or county) (State or foreign country)
10. Usual occupation BRAKEMAN

11. Industry or business RAILROAD
12. Name JOHN EDWARD DULIN
13. Birthplace LIVINGSTON CO KY
(City, town, or county) (State or foreign country)
14. Maiden name MARY JANE WALKER
15. Birthplace SAYANNAH MO
(City, town, or county) (State or foreign country)

16. (a) Informant W. Smith
(b) Address Louisiana, Mo.
17. (a) REMOVAL (b) Date thereof 6/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation LIBERTY MO
18. (a) Signature of funeral director Harold Stum
(b) Address 6/6.42 Louisiana, Mo.
19. (a) 6/6.42 (b) W. Smith
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 3
23. Signature W. Smith Coroner
Address Louisiana, Mo. Date signed 6/5/42

116994 (Licensed Embalmer's Statement on Reverse Side)

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

HP

SEP 3 1942

RECEIVED

District Health Officer No. 10

District File Number

7-42-1428

Date Filed

JUL 15 1942

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.....

Harold Turner

Registered Apprentice No.

working under my personal supervision.

Signed

Harold Turner

Licensed Embalmer No.

3770

P. O. Address

Imperial 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.