

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Spokane City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1809 East 5 Terr 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Spokane City <sup>30</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 East 5-Terr  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary-Jane-Frank

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28  
year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Nov 1942  
that I last saw her alive on Nov 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Harry Frank 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May-19-1882  
(Month) (Day) (Year)

Immediate cause of death Fracture of left femur  
Bone chondromatous

Due to Fall in her home <sup>186 W</sup>

Due to 186 W <sup>11</sup>

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy Infection and history

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>9</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Independence, Mo  
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name James Hulse

13. Birthplace City (State or foreign country)

14. Maiden name Armatha Basham  
Virginia

15. Birthplace Virginia (State or foreign country)

16. (a) Informant Mrs Thelma Scates

(b) Address 1809 East 5-Terr

17. (a) Burial (b) Date thereof Dec-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director A.P. Doehler

(b) Address 1415 East 15

19. (a) 11-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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) Accident 123

(b) Date of occurrence April 2 last year

(c) Where did injury occur? 1809 East 5 Terr, Kansas  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place)

While at work? no (e) Means of injury

23. Signature Joseph <sup>3</sup> W. D. Skye  
Address Home Date signed 11/30/42

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

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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..... *H.P. Doshier* .....

Licensed Embalmer No. *1166* .....

P. O. Address *1415 East 15* .....

**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.**