

FILED JUN 30 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 772

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Apr 3 mas 29 days  
(Specify whether years, months or days)  
In this community 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 905 Grand Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elvire Hulse

3. (b) If veteran, name war No 3. (c) Social Security N. Nil

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased September 29, 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14  
year 1947 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to 6-14, 1947  
that I last saw her alive on 6-13, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

8. AGE: Years 74 Months 8 Days 15 If less than one day min.

9. Birthplace Fayette, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Not given

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Cecil J. Hulse

(b) Address 905 Grand Ave

17. (a) Burial (b) Date thereof June 16, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-23-47 (b) E. E. Jenkins  
(Date received local registrar) (Registrar's signature)

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 935

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 E. E. Jenkins (M. D. or other)  
Address St. Joseph Hospital # 2 Date signed 14/1947

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

MOTHER FATHER

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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..... *Albert C. Harrington*.....  
Licensed Embalmer No..... *3258 Md.*.....  
P. O. Address..... *St. Joseph, 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.**