DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4059

Registration District No. 859 Primary Registration District No. 6128 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Rural

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

(c) Name of hospital or institution: —

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —

(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Branson — (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No. —

(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARTHA LIVON FULLERTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan (Month) 28 (Day) 1938 (Year)

8. AGE: Years 2 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name William Elijah Fullerton
13. Birthplace (City, town or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Coffey
15. Birthplace Taney Co (City, town or county) Mo. (State or foreign country)

16. (a) Informant's own signature Rondo Fullerton

(b) Address Branson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Branson Cntry

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

(b) Address Branson Mo

19. (a) Jan 27 1940 (Date received local registrar) (b) John H. Brother (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1940 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 16, 1940 to Jan 26, 1940; that I last saw her alive on Jan 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Influenza

Due to —

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

Major findings:
Of operations —

Of autopsy —

Duration

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? —

(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Lee B. Mitchell MD (M. D. or other)

Address Branson Mo. Date signed 1-27-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 240-320
Date Filed FEB 6 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.