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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 16 1940 7911

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33645
8342

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: ARKANSAS (b) County: INDEPENDENCE
(c) City or town: BATESVILLE NR
(If outside city or town limits, write "RURAL")
(d) Street No.: 503 BATES ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: ROBERT EMMETT FULMER

3. (b) If veteran, name war .....
3. (c) Social Security No. 702-18-2096

4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife: Minnie Fulmer
6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: April (Month) 2 (Day) 1864 (Year)

8. AGE: Years 76 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: Petersburg (City, town, or county) Va. (State or foreign country)
10. Usual occupation: R. R. Machinist
11. Industry or business: ?

MOTHER FATHER
12. Name: George Washington Fulmer
13. Birthplace: Unk (City, town, or county) ..... (State or foreign country)
14. Maiden name: Celena Baptie
15. Birthplace: Unk (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Fanten Simmons
(b) Address: Batesville, Ark.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mountain Home Ark
18. (a) Signature of funeral director: Baptie Co. Burial
(b) Address: Mountain Home Ark.
19. (a) OCT 7 1940 (Date received local registrar) (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1940 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Sept. 15, 1940, 19..., to Sept 29, 1940, that I last saw him alive on Sept 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure and	1 wk.
Due to: Advanced Carcinoma of Sigmoid Colon.	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation: Carcinoma of Sigmoid Colon. 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: D. W. Lyden MD (M. D. or other)
Address: Missouri Pacific Hosp. Date signed 9-29-40

(Licensed Embalmer's Statement on Reverse Side)

8342

8342

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.