

RECORDED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7308
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
 (b) Township Valle Primary Registration District No. 343 Registered No. 2
 (c) City DeSoto (d) Street No. 1 St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 2 yrs. mos. ds.

2. PRINT FULL NAME Amanda Lee Fulcher

(a) Residence, No. 217 North fifth street s. (If nonresident, give city or town and State) 2
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Fulcher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 0 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co., Mo.

FATHER 13. NAME John Pence
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Susan Hearst
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Co.

17. INFORMANT (ADDRESS) Miss Luella Cheatham DeSoto Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto, Mo. DATE Feb. 12, 1941

19. FUNERAL DIRECTOR (ADDRESS) Lee Mothershead DeSoto, Mo.
 20. FILED 2/24/41 James Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1941
 I HEREBY CERTIFY, That I attended deceased from about 10:30, 1941 to Feb 9, 1941
 I last saw her alive on Feb 9, 1941. Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration of heart not known
 Other contributory causes of importance: none 92 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Walter G. Simpson M. D.
 (Address) DeSoto Mo

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by.....
working under my personal supervision.

Signed.....

....., Registered Apprentice No.....

.....
Licensed Embalmer No. 3531

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.)