

Registration District No. 511

Primary Registration District No. 594

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town "Rural" Cullen Township
 (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
 In this community 50 years (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME Sarah Elizabeth Fuller8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Joseph D. Fuller
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 8, 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace Bloomfield, Ind. /
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
 { 12. Name William Roach
 { 13. Birthplace _____ / Ind.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Rachel Sarver
 { 15. Birthplace _____ / Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nora Carroll
(b) Address 2118 W. 40th St. Tulsa, Okla17. (a) Burial (b) Date thereof Feb. 3rd, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Gospel Ridge Cem.18. (a) Signature of funeral director J. L. HOOPS & SONS,(b) Address Waynesville, Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski KS
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1941 hour 3-00 minute _____ P. M.21. I hereby certify that I attended the deceased from 11:5, 1941, to 2:11, 1941;
that I last saw her alive on 11:59, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Branch Pneumonia Duration 4 day
 Due to Fever
 Due to 37.4
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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 C. G. Galt (M. D. or other) _____
Address Waynesville, Mo. Date signed 2/24/41

FILED MAR 25 1941

RECEIVED

District Health Officer No. 5,

District File Number 3-41-422

Date Filed _____

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7890

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 713

Primary Registration District No. 5942

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Cullen T.P.
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Sarah Elizabeth Fuller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years 79

Months 11

Days 21

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2/2/41 (b) errata

(Data received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 1
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. A. Talbot (M. D. or other) 1

Address Waynesville Date signed _____

