

Registration District No. 132

Primary Registration District No. 4437-596 Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph Co
 (b) City or town Rural - Innovation T. 15
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 1/2 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph Co
 (c) City or town Highes
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
 year 1941 hour 10 o'clock minute 10 a.m.

21. I hereby certify that I attended the deceased from June 20 39 to Feb 27 1941;
 that I last saw him alive on February 20 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

Due to Uremia

Due to Hypertrophied Prostate with nonspecific posterior urethral ecchymosis
 Other conditions arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? No
 (Specify type of place) _____
 (e) Means of injury _____

23. Signature J. W. Winn Registrar's No. 732
 Address Highes, Mo Date signed 2-28-41

3. (a) PRINT FULL NAME William F. Fulmer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased march 27 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 0 _____ hr. _____ min.

9. Birthplace Morrison Co, Ind
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henry Fulmer

13. Birthplace Morrison Co, Ind
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Braugh

15. Birthplace Morrison Co, Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ora Barron

(b) Address Highes Mo

17. (a) Burial (b) Date thereof 3-1-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Labor Cemetery

18. (a) Signature of funeral director H. M. Bouding

(b) Address Retрита Mo

19. (a) March 4, 1941 (b) J. W. Winn
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-616

Date Filed MAR 14 1941

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.....

H.M. Godding....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1756

P. O. Address Atlanta, Ga.

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.