

FILLED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13811**

Registration District No. 31 Primary Registration District No. 5045A Registrar's No. 74

1. PLACE OF DEATH
(a) County Barry
(b) City or town Purdy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McDonald Sup. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: McDonald Sup.
(a) State Missouri (b) County Barry
(c) City or town Purdy
(If outside city or town limits, write "RURAL")
(d) Street No. 4 W. E. Lee Purdy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? not years.

3. (a) PRINT FULL NAME Francis Beatty Fulton
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1941 hour _____ minute 12:25 AM.

4. Sex male 5. Color or race w
6. (a) Single, widowed, married, divorced SM
6. (b) Name of husband or wife Lillian Fulton
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 8th, 1941 to Apr 16th, 1941.
that I last saw him alive on Apr 15th, 1941.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 6 27 hr. min.

Immediate cause of death
Growth affecting stomach and duodenum
Due to Diagnosed malignant

9. Birthplace Polk Co., Iowa
(City or town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) H68

10. Usual occupation Storekeeper

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

11. Industry or business Housewife

12. Name Samuel Fulton

13. Birthplace Peun.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Beatty

15. Birthplace Peun.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Fulton
(b) Address Purdy P.K.

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

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

18. (a) Signature of funeral director Home - Culver
(b) Address Carroll, Mo
19. (a) 4-28-41 (b) Donald Blankenship
(Date received local registrar) (Licentiate's signature)

23. Signature T. B. Kelly (M. D. or other) _____
Address Purdy, Mo. Date signed 4/17/41

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

MOTHER FATHER

46

RECEIVED

District North Ontario No. 63

Debate File Number 541-673

Date May 1, 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

Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1414

P. O. Address Carleton Place

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.