FILED JUN 12 1941

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

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Do not use this space.

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**1. PLACE OF DEATH**

(a) County Montcalm — Registration District No. 371

(b) Township or Walker — Primary Registration District No. 4335 — Registered No. 31

(c) City California — (d) Street No. 1 — St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Francis Ruth Fulks

(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robt. L. Fulks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25 - 1891

7. AGE: Years 49 — Months 8 — Days 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Franklin Co Mo

FATHER

13. NAME: George H Pike
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Francis Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co Mo

17. INFORMANT (ADDRESS): Robt. L. Fulks, California Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Masonic Gem — DATE: 5/23, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Williams & Friedmeyer, California Mo

20. FILED: 5-27-6, 1941 — H. R. Popejoy, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1941, to May 21, 1941

I last saw her alive on May 21, 1941. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon (sigmoid region) Duration 6 mo.

50

Date of onset

Other contributory causes of importance: Metastasis from Carcinoma right breast. Operation 1935

Name of operation: None on Colon — Date of

What test confirmed diagnosis? X ray. — 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) L. L. Latham, M. D.

50 (Address) California Mo

(Licensed Embalmer's Statement on Reverse Side)

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 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 H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**