FILED JUN 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19384

Registration District No. 8 Primary Registration District No. 4005 Registrar's No.

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Amazonia (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 34 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Amazonia (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Henry Fulmer
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eda May Fulmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 26 (Day) 1850 (Year)
8. AGE: Years 90 Months 7 Days 17 If less than one day hr. min.
9. Birthplace Fayette (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business F
FATHER
12. Name John Fulmer
13. Birthplace Un Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Eda May Fulmer
(b) Address Amazonia
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 5-4-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Amazonia
18. (a) Signature of funeral director C. O. Reed
(b) Address Savannah Mo
19. (a) May 2-41 (Date received by local registrar) (b) J. W. Holcomb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1 year 1941 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Apr. 20th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	20 min.
Due to Cerebral Hemorrhage	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. S. Powers (M. D. or other)
Address Amazonia Mo Date signed 5/7/41

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.

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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

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