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FILED AUG 29 1941

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution O Loughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Cloume RFD (If outside city or town limits, write "RURAL")
(d) Street No. Cloume rural (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Bobby Joe Fuller

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 4 S

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

7. Birth date of deceased March 24 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 9 4 hr. _____ min.

9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Noble Fuller
13. Birthplace Macon Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Singuch
15. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Miller
(b) Address Cloume Mo

17. (a) Burial (b) Date thereof 7/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Zion

18. (a) Signature of funeral director Chas. L. Truema
(b) Address Cloume Mo

19. (a) July 24/41 (b) Spencer L. Truema
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 (hour) 8 minute 53 AM

21. I hereby certify that I attended the deceased from July 16 1941 to July 16 1941
that I last saw him alive on July 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis

Due to _____

Due to _____

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 J. W. Derry (M. D. or other) MD

Address Kirkville Mo Date signed July 22

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1581

Date Filed AUG 21 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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Henry A. Bartle

Licensed Embalmer No. 3835

P. O. Address

Bellevue, Mo

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

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