No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28295

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 640

1. PLACE OF DEATH: FILED SEP 15 1941

(a) County GREENE 039
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township) 2
(c) Name of hospital or institution 1820 N. Robberson (If not in hospital or institution, write street number or location) 6
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield MO (If outside city or town limits, write "RURAL")
(d) Street No. 1820 Robberson (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Luther. B. Fullerton
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex M 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Fullerton
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased (Month) Oct (Day) 8 (Year) 1866
8. AGE: Years 74 Months 9 Days 27 If less than one day ..... hr. ..... min.
9. Birthplace Pleasant Hope (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
12. Name of father Samuel Fullerton
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country) 1
14. Maiden name of mother Cynthia Fullerton (Verified Funeral Home)
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country) 1
16. (a) Informant Mrs Clyde Fullerton
(b) Address 1820 Robberson City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope Mo
18. (a) Signature of funeral director Dunn. Funeral Home
(b) Address 629 W Walnut Springfield
19. (a) 8-9-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) MO 983

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1941 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 5 1941 to Aug. 5 1941 that I last saw him alive on Aug. 5 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Artery occlusion	1 hr
Due to Coronary Artery disease & arterio sclerosis	2
Due to	6
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 Arthur D. Smith M.D. Dr. or other
Address 410 N. E. Comm Date signed 8/6/41

984 (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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield Mo

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, fact should be so stated above.