

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 235

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution State Hospital No 1  
(d) Length of stay: In hospital or institution 30 yrs 7 days  
In this community 30 yrs 7 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Marion  
(c) City or town Rural - Pulmifer  
(d) Street No. ?  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME CLYDE-RIGHTMIRE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased unknown

8. AGE: Years approx 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace America (City, town, or county) \_\_\_\_\_ (State or foreign country) 1

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name ?

13. Birthplace ? (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name ?

15. Birthplace ? (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) buried (b) Date thereof Sept 5-1941  
(c) Place: burial or cremation Pulmifer Mo

18. (a) Signature of funeral director Leavitt Brown

(b) Address Pulmifer Mo

19. (a) Sept 5, 1941 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Sept day 4  
year 1941 hour 2 minute 53 P. M.

21. I hereby certify that I attended the deceased from July 1, 1941, to Sept 4, 1941;  
that I last saw him alive on Sept 4, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to terminal bronchopneumonia 24 hrs

Due to chronic myocarditis 6 mos

Other conditions acute psychosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 107

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Joseph Imperative (M. D. or other) M.D.  
Address State Hospital Fulton Date signed Sept 4 41

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WHILE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Alvin Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra Pa

**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, fact should be so stated above.**