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23159

FILED FEB 11 1943
Registration District No. **250843** Primary Registration District No. **843 6106** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Stone (If outside city or town limits, write "RURAL" and name of township)

(b) City or town Abernethy, Mo.

(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 about 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

(c) City or town Abernethy, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rachel Lucinda Fulk's

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1942 hour 6 minute 17 P.M.

21. I hereby certify that I attended the deceased from 13 1942, to January 14 1942, that I last saw her alive on January 14 and that death occurred on the date and hour stated above.

4. Sex F 1 race wh 5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 20 1874 (Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus?

Duration _____

8. AGE: Years 68 Months 11 Days 25 If less than one day _____ hr. _____ min.

Due to with complete bowel obstruction

Due to _____

9. Birthplace Webster Co. near North View, Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) H&D

10. Usual occupation House wife

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Bindy Baumgardner

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Barbara Haggard

15. Birthplace unknown (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Daisy Davis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan 17-42 (Month) (Day) (Year)

(c) Place: burial or cremation once-de-geon, Mo.

(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? _____

18. (a) Signature of funeral director Lucretia J. Cheatham

(b) Address Ballou, Mo.

(e) Means of injury _____ (Specify type of place)

19. (a) Jan 16 1942 (b) Nellie Ironsley (Date received local registrar) (Registrar's signature)

23. Signature R. P. Capello (M. D. or other) M.D.

Address Leone, Mo. Date signed 1-14-42

RECEIVED

District Health Officer No. 6,

District File Number 242-167

Date Filed FEB 6 1942

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 ml

Registered Apprentice No. _____

working under my personal supervision.

Signed

Errett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, Mo

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

If this body is not embalmed, fact should be so stated above.