

FILED MAY 14 1942
Registration District No. 8

Primary Registration District No. 5571A

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie, Mo

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years

In this community 80 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Sarcoxie, Rural

(d) Street No.

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Julia E. Fullerton

3. (b) If veteran, name war. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife John E. 6. (c) Age of husband or wife if alive, dead years

7. Birth date of deceased Aug. 27 1861

(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Galena Kansas

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Abraham Smith

13. Birthplace Illinois

(City, town, or county) (State or foreign country)

14. Maiden name Phillie K. Archer

15. Birthplace Indiana

(City, town, or county) (State or foreign country)

16. (a) Informant Verne Fullerton (b) Address Sarcoxie, Missouri

17. (a) Burial (b) Date thereof 4/19/42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) April 19, 1942 (b) Elizabeth Couplin

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from April 18, 1942, to April 18, 1942, that I last saw her alive on April 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia R. Side

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death) 83d

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. C. Rolcus (M. D. or other) Address Sarcaxie Mo. Date signed 4.18.42

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

49

42.4-365

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 Geo. B. Orr

Licensed Embalmer No. 947

P. O. Address W. Vernon, 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.