

FILED MAY 20 1948 82
Registration District No. 82

Primary Registration District No. 45351177

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Hickory Grove
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____
 years, months or days

8. (a) PRINT FULL NAME

Thomas James Fulkeron8. (b) If veteran,
name war _____8. (c) Social Security
No. _____

4. Sex

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

July 21 1852
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

891010

hr.

min.

9. Birthplace

St Charles Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Peter Fulkeron

13. Birthplace

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

14. Maiden name

Martha Monaghan

15. Birthplace

Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature E. B. Fulkeron(b) Address 3544 Sidney St. St. Louis17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 4/3/42
(Month) (Day) (Year)(c) Place: burial or cremation Fulkeron Cemetery18. (a) Signature of funeral director Wright City Mo.(b) Address Wright City Mo.19. (a) 4/2/42
(Date received local registrar)(b) Julius Dushberg
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Warren

(c) City or town

Wright City
(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

April

day

1st

year

1942

hour

9 AM

minute

M.

21. I hereby certify that I attended the deceased from

March 151942

to

April 1st1942

that I last saw him alive on

April 1st1942

and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

20 days

Due to _____

Due to _____

Other conditions

Myocarditis & Aneurysm
(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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

John S. Dyer
(M. D. or other)

Address

Wright City Mo

Date signed

4/1/42

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 Julius J. Dieburg
Licensed Embalmer No. 3366
P. O. Address Wright City 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, above space should be left blank.