

Registration District No. 227

Primary Registration District No. 5806

Registrar's No. 52

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - SO. FORK TNS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 MI. S. E. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 51 YRS
years, months or days)

3. (a) PRINT FULL NAME ELIZA DOLLARD FULTON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife DR. ROBT. J. FULTON 6. (c) Age of husband or wife If alive ✓ years

7. Birth date of deceased AUG. 15, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace WILLIAMSBURG CO. SO. CAROLINA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WILLIAM DOLLARD FULTON

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

14. Maiden name EMMA BRADLEY

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

16. (a) Informant Jas. Fulton

(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof 8-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW HOPE CHURCH

18. (a) Signature of funeral director Speed & Slakey
(b) Address PARIS, MO

19. (a) 8/12/42 (b) G. H. Ammons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI. S. OF PARIS
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11
year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1937 to Aug. 7, 1942
that I last saw her alive on Aug 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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 MO

23. Signature F. A. Barnett (M. D. or other) MO
Address PARIS, MO. Date signed 8/12/42

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

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

69
0
0

69
0

RECEIVED

District Health Officer No. 10

District File Number 9-42-1726

Date Filed SEP. 10 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.