

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1942
Registration District No. 297 Primary Registration District No. 6022
State File No. Registrar's No. 61

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural
(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
In this community all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Francis Marion Fulkerson
3. (b) If veteran, name, war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Married Elizabeth 6. (c) Age of husband or wife if alive 27 years (Month) (Day) (Year)
7. Birth date of deceased 12 27 1856 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 8 If less than one day ✓ hr. ✓ min.

9. Birthplace Waverly, Pa. (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name John Fulkerson
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ella Wilson
(b) Address 1425 E. 2nd St. Jopoka, Kans
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof 9-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director J. E. Brundage
(b) Address Rayville
19. (a) Sept 4, 1942 (Date received local registrar) (b) Mrs. Chas. W. Deppend (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Rural (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 Sept day 3 year 1942 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Senile arterio sclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) gla
Major findings: Of operations _____
Of autopsy no

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? no

While at work? (Specify type of place) (e) Means of injury _____
23. Signature J. E. Brundage Dep coroner (M. D. or other)
Address Raymond Mo Date signed 9/4/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-42

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

me

Registered Apprentice No.

working under my personal supervision.

Signed

E. Broadhurst

Licensed Embalmer No.

2171

P. O. Address

Payette, Md

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.