

filed OCT 5 1942 74
Registration District No.

Primary Registration District No. 3052

Registrar's No. 318

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 319 N. Stewart
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James P. Fullerton

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th year 1942 hour 12 minute 05 M.

21. I hereby certify that I attended the deceased from Sept 7th 1942 to Sept 11th 1942

that I last saw him alive on Sept 10th 1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Belle B.

(c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 25 1863
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to 93d

Due to

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

Other conditions Influenza - Chr
(Include pregnancy within 6 months of death)

Major findings: Bronchitis

Of operations none

Of autopsy None

Duration 10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name M.T. Fullerton

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

14. Maiden name Nancy H. Lane
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy Fullerton

(b) Address Sedalia Mo.

17. (a) Memorial Burial
(Burial, cremation, or removal) (b) Date thereof 9-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director J. B. ...

(b) Address Sedalia

19. (a) 9-12-42
(Date received local registrar) (b) Mr. ...
(Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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? no (Specify type of place) (c) Means of injury

23. Signature J. B. ... (M. D. or other)

Address Sedalia Mo Date signed 9-12-42

RECEIVED

Health Officer No. 8,

License File Number.....

Date Filed 10-3-42

755-3100

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 Dillard
Licensed Embalmer No. 3868
P. O. Address Dulalia

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.