

FILED NOV 27 1942

Registration District No. 18

Primary Registration District No. 5135

Registrar's No. 364

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Oslin "Rural"
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

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3. (a) PRINT FULL NAME Charles Norman Fulkerson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or trace w

6. (a) Single, widowed, married, divorced. 2

6. (b) Name of husband or wife Blanche Fulkerson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name C. Fulkerson 9

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

14. Maiden name Nellie Franklin 9

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

16. (a) Informant Mrs. Nellie Franklin

(b) Address Oslin, Mo.

17. (a) Burial (b) Date thereof 11/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Cemetery

18. (a) Signature of funeral director Campbell

(b) Address Campbell, Mo.

19. (a) 11-21-42 (b) C. Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1942 hour _____ minute 4:00 P.M.

21. I hereby certify that I attended the deceased from Nov 11
1942 to Nov 13 1942

that I last saw him alive on Nov 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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 W. J. Rutledge (M. D. or other) _____

Address Campbell, Mo. Date signed 11/14/42

RECEIVED

District Health Office No. 2,

District File Number 1142-1429

Date Filed 11-20-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.