

FILED DEC 18 1942
199
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3311 Highland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Henry Fulkerson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie P. Fulkerson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 8 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>25</u>hr.min.

9. Birthplace Fancy Prairie Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Theatre Operator

11. Industry or business.....

12. Name Bergen Fulkerson

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

14. Maiden name Phebe Ewing

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

16. (a) Informant Mrs. Frank Mountjoy

(b) Address 5405 Wabash

17. (a) Cremation (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 12-7-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 42 hour 9 20 P. M.

21. I hereby certify that I attended the deceased from born 19.....

that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Definite Myocarditis

Due to arteriosclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy See report

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?
(Specify type of place)

While at work? (Specify type of place) (e) Means of injury.....

23. Signature W. H. Crow (M. R. or other) 12/3/42

Address 1215 1/2 Date printed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *71 E. 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, fact should be so stated above.