

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 133

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: SALE - BOWMAN HOSPITAL  
(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 NEWTON  
(c) City or town NEOSHO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 W. SPRING ST.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CLAUDE SILAS FULLER

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No 496-09-5220

4. Sex MALE 5. Color or Grace WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NELLIE FULLER 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased JULY 30 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 4 1 hr. min.

9. Birthplace DYERSBURG TENN. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation BOILER INSPECTOR

11. Industry or business POST ENGINEERS CAMP POWDER

12. Name WILLIAM E. FULLER

13. Birthplace DYERSBURG TENN. 1  
(City, town, or county) (State or foreign country)

14. Maiden name FLORENCE C. SIMMONS

15. Birthplace DYERSBURG TENN. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Fuller  
(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 12-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho S. O. Cem.

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Mo.

19. (a) 12-8-1942 (b) Carley Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1st  
year 1942 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1st  
1st 1942 to Dec 1st 1942  
that I last saw him alive on Dec 1st 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Anginal pectoris

Due to.....

Due to.....  
Other conditions none 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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) Means of injury.....

23. Signature Melvin P. Bowman (M.D. or other) M.D.  
Address Neosho, Mo. Date signed Dec 7-42

Duration

3 weeks  
according  
to history

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73  
200

73  
1933

1110

RECEIVED  
DEC 16 1942

District Health Officer No. 6,

APR 21 1943  
Date Filed  
DEC 8 1942  
1242-1701

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.....

*Noah W. Johnson*, Registered Apprentice No. *340*  
working under my personal supervision.

Signed *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.