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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2530

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1001 Prospect 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 1

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1001 Prospect
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - - 0

3. (a) PRINT FULL NAME Richard Fulford

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Ann Fulford

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased March (Month) 12 (Day) 1854 (Year)

8. AGE: Years 88 Months 10 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Hartland, Devonshire England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business - -

FATHER
12. Name Richard Fulford
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eleanor Pickard
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elliott Fulford
(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Jan. 26 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1943 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1930, to Jan 25, 1943;
that I last saw him alive on Jan 25 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, chron.	
Due to Hypertension, chron.	
Due to Nephritis, Chron.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

131 b

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Emery J. Martin (M. D. or other) M.D.
Address Carthage Mo Date signed JAN 1943 26

1203 (Licensed Embalmer's Statement on Reverse Side)

43-1-28

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 P. W. Kruse

Licensed Embalmer No. 814

P. O. Address Carthage 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.