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

FILED SEP 10 1943

Primary Registration District No. 3008

1. PLACE OF DEATH: *Callaway*

(a) County *Callaway*

(b) City or town *Fulton*
(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 *Callaway*

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

(d) Street No. *412 W. W. 8th*
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME *Ms. Fannie Bradford*

3. (b) If veteran, name war *OK*

3. (c) Social Security No. *OK*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *31* year *43* hour *10* minute *20 P* M.

21. I hereby certify that I attended the deceased from *Aug. 27* 1943, to *46 Aug 31* 1943

that I last saw her alive on *Aug. 31* 1943 and that death occurred on the date and hour stated above.

Immediate cause of death *Dysentery*

Duration _____

4. Sex *Male* Race *Negro*

6. (a) Marital status *Widowed*

6. (b) Name of husband or wife *Samuel*

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

7. Birth date of deceased: *Jan 11 - 1863*
(Month) (Day) (Year)

Due to *also arterio-sclerosis myocardias*

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years *78* Months *7* Days *20* If less than one day _____ min.

9. Birthplace *Independence Mo.*
(City, town or county) (State or foreign country)

10. Usual occupation *House Wife*

11. Industry or business _____

12. Name *DK*

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

14. Maiden name *DK*

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

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? _____

16. (a) Informant *Prof. Bradford*

(b) Address *412 W. W. 8th - Fulton, Mo*

17. (a) Date of death *Sept 3-43*

(b) Date thereof (Month) (Day) (Year)

(c) Place of burial or cremation *Old Rockland Bur. Callaway Co. Mo.*

18. (a) Signature of funeral director *Eli Blees*

(b) Address *Fulton, Mo.*

19. (a) *9-3-1943* (Date received local registrar)

(b) *Josie Mosankoff* (Registrar's signature)

23. Signature *Eli Blees* (M.D. or other) _____

Address *Fulton Mo*

Date signed *9-3-43*

1162

9-3-43

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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.