

FILED SEP 10 1943

Registration District No. 477

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether 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. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Richard Lee David

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27,
year 1943 hour _____ minute 2:30 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1943 to August 27, 1943
that I last saw him alive on 8/26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Spina bifida
Duration 17 days

Due to congenital anomaly

Due to _____
Other conditions Impetigo
(Include pregnancy within 3 months of death) + 1 week

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____

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) _____ (Country) _____ (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 Nancy Dunt (M. D. or other) M.D.
Address Fulton, Mo. Date signed 8/27/43

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____
12. Name Hallace B David
13. Birthplace Bonner Springs Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Hilberta Craighel
15. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hallace B David

(b) Address 411 N. E. 8th Fulton Mo.

17. (a) Burial (b) Date thereof 8/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Lee G. Hallace
(b) Address Fulton Mo

19. (a) 8-28-1943 (b) Jose M. M... ..
(Date received local registrar) (Registrar's signature)

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

14
1
2

1147

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..... *Leo G. Wallace*

Licensed Embalmer No. *3373*

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.