

FILED SEP 10 1943

Registration District No. 701

Primary Registration District No. 5413

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Squires Toledo Walls

(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..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Squires Rural

(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 Luvena Fulk

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Fulk

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Sept. 30 1866

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	28	hr. min.

9. Birthplace Unknown Tenn.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {

12. Name David Frazier

13. Birthplace Unknown Tenn.

(City, town, or county) (State or foreign country)

14. Maiden name Unknown Dotzert

15. Birthplace Unknown Tenn.

(City, town, or county) (State or foreign country)

16. (a) Informant Ella Hodges

(b) Address Squires Sns

17. (a) Burial (b) Date thereof May 30, 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thornfield,

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 8-1-43 (b) Thelma S. Waters

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28

year 1943 hour 9 ⁴⁵ minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to old age

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 d

23. Signature Thelma S. Waters Registrar

Address Ava, Mo Date signed 8-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34
0
0

34
0
0

0

1628

No. 5
RECEIVED

District Health Officer No. 6;

District File Number 943-966

Date Filed 9-9-43

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 W.B. Hutchinson

Licensed Embalmer No. 3481

P. O. Address Wra no

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.