V. S. No. 2
DM—11-10-39
Re 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30717

State File No.

FILED SEP 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3740

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1010 Harrison St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kans City 8 (If outside city or town limits write "RURAL")

(d) Street No. 1010 Harrison St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ulyssessee S. Fulbright

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-7667

4. Sex M.

5. Color or race Col.

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

6. (b) Name of husband or wife R. E.

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased 11 (Month) 16 (Day) 1915 (Year)

8. AGE: Years 27 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Rockwell (City, town, or county) Texas (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lucy Hardin
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant R. E. Hardin

(b) Address 1009 E. 14th St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 1 '43 (Month) (Day) (Year)

(c) Place: burial or cremation Lawton Ok.

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

(b) Address 1708 Tracy

19. (a) 8-30-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1943 hour 8:00 minute a. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__; that I last saw h__ alive on__, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to

Due to 95c 4

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy yes

Duration

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 3

23. Signature P. Richardson (M. D. or other)

Address 1832 Vine Date signed 8-28-43

(Licensed Embalmer's Statement on Reverse Side)

260
20
2
1
8.

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 ..... C H Counter

Licensed Embalmer No. 1271

P. O. Address K.C. 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, above space should be left blank.