

1. PLACE OF DEATH  
 (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:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (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 614  
 (If outside city or town limits, write "RURAL"  
 (d) Street No. 1206 Westminster Ave 1  
 (If no definite location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Fannie Henderson  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month Nov day 16  
 year 1943 hour 5 minute 30 A. M.

4. Sex Female 5. Color or race Negro  
 6. (a) Name of husband or wife Nathan  
 6. (c) Age of husband or wife if alive \_\_\_\_\_  
 7. Birth date of deceased \_\_\_\_\_  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 29-43  
Nov 16, 1943 to Nov 16, 1943  
 that I last saw her alive on Nov 15, 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months - Days -  
 If less than one day  
 hrs \_\_\_\_\_ min \_\_\_\_\_

Immediate cause of death Isolar pneumonia  
(Terminal)  
 Due to Bacterial endocarditis  
 Duration 30-45 days

9. Birthplace Missouri  
 (City, town, county) (State or foreign country)  
 10. Usual occupation Laundress

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
108

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Chas. Harrison  
 13. Birthplace Mo. 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Craig  
 15. Birthplace Mo. 1  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Linda Henderson  
 (b) Address 1206 Westminster, Fulton, Mo  
 17. (a) Burial (b) Date thereof Nov. 18-43  
 (Burial, cremation, or other) (Month) (Day) (Year)  
 (c) Place: burial or cremation Phacant Hill Cem. Callaway Co. Mo

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?

18. (a) Signature of funeral director Eli Bell  
 (b) Address Fulton, Mo.  
 19. (a) Nov. 18-1943 (b) Jose Morant  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature R. M. Blues (M. D. or other)  
 Address Fulton Mo Date signed 11-18-43

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

NOV 3 1944

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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.