

S. No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42768
State File No. _____

FILED JAN 6 1944

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Deer Run

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pathenia McMelan Fulkerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F Color or race W

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

6. (b) Name of husband or wife Frank B. Fulkerson-Deceased 6. (c) Age of husband or wife if deceased _____ years

7. Birth date of deceased Jan 14 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace New Bloomfield Calloway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name MALE OLM CAMERON McMelan

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Pathenia Carl

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norman Horton

(b) Address Higginsville Rural

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 12-27-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville Mo.

19. (a) 12-27-1943 (Date received local registrar) (b) Dr. W. A. Braethin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 25th-1943
year _____ hour after 3 AM minute _____

21. I hereby certify that I attended the deceased from Dec 24 - 43 1943
that I last saw her alive on Dec 24 - 43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy NU

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. A. Braethin (M.D. or other) _____
Address Higginsville Mo. Date signed 12/27 43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-44

MAR 16 1944

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 Forrest G. Hoefler

Licensed Embalmer No. 4355

P. O. Address Higginsville, 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.