No. 2
4-13-40
5-17-39
I X23159

16
1
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6769

FILED MAR 10 1944

Registrar's District No. 13 — Primary Registration District No. 3010 — Registrar's No. 86

16

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1015 Jefferson 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 (years, months or days): 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 1015 Jefferson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years: 0

3. (a) PRINT FULL NAME: Henry Allen Fulton
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: 493-26-5066
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Nora A Fulton
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: Oct (Month) 29 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	28	hr. ____ min.

9. Birthplace: Mayfield (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Farming
11. Industry or business:
FATHER
12. Name: Thomas A Fulton
13. Birthplace: Bollinger Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name: Cordelia Jones
15. Birthplace: Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Nora Agnes Fulton
(b) Address: 1015 Jefferson St. Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fullam Cem
18. (a) Signature of funeral director: S. C. Crowcroft
(b) Address: Jackson Mo
19. (a) 3-1-44 (Date received local registrar) (b) H. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1944 hour 4 minute 20 p. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun Shot Wound through head
Due to: Self inflicted charge from 12 gauge shot gun.
Due to:
Other conditions (Include pregnancy within 3 months of death): 64 C
Major findings: Of operations:
Of autopsy:

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): Suicide
(b) Date of occurrence: Feb. 27, 1944
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at residence 1015 Jefferson St. (Specify type of place)
While at work? no (e) Means of injury: Shot Gun
23. Signature: F. Seymour Coroner (M. D. or other)
Address: Jackson Mo 3 Date signed 2/28/44

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 344 - 3536

Date Filed 3-9-44

APR 18 1944

MAY 29 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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.