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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15452

FILED MAY 10 1944

State File No. \_\_\_\_\_

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 42

1. PLACE OF DEATH:  
 (a) County Phelps  
 (b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
McFarland Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One week  
(Specify whether  
 In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Phelps  
 (c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 407 West 4th St.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Octavia Fullerton.

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife F. J. Fullerton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 1, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Arlington, Phelps Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Dont

13. Birthplace Know  
(City, town, or county) (State or foreign country)

14. Maiden name Dont

15. Birthplace Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Germann,

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof April 10, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director: Null & Son Funeral Home

(b) Address 508 West 8th St., Rolla Mo.

19. (a) 4-10-44 (b) Kellis H. Hulla  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
 year 1944 hour 5 minute 05 a. M.

21. I hereby certify that I attended the deceased from April 2, 1944, to April 8, 1944;  
 that I last saw her alive on April 8, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes. Duration \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Rolla Date signed 4/10/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1092

(Licensed Embalmer's Statement on Reverse Side)

**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 me  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed S. B. M. Jones  
..... Licensed Embalmer No. 3397  
..... P. O. Address Rose, 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.**