

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27167**

FILED SEP 7 3 1944

Registration District No. **313** Primary Registration District No. **5113** Registrar's No. **37**

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

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural - Union
(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 —
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Bennett Smith Fulton

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m **5. Color or** w
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Mary Jane Fulton
6. (c) Age of husband or wife if 68
alive years

7. Birth date of deceased march 3 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17
If less than one day hr. min.

9. Birthplace Bollinger co. mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Thelma Fulton

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

14. Maiden name Susie Harte

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

16. (a) Informant Palmer Fulton
(b) Address Marion mo

17. (a) Burial: (Burial, cremation, or removal) Burial **(b) Date thereof** Aug-22-44
(Month) (Day) (Year)

(c) Place: burial or cremation Patton - Mo.

18. (a) Signature of funeral director Wally Hest **Name** Wally Hest

(b) Address Fredricktown mo

19. (a) Aug 21 1944 **(b) Mrs Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. near Patton
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 24 1944 Aug 10 1944
that I last saw him alive on Aug 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis **Duration** years

Due to 93d

Due to multiple adenitis 2 mo

Other conditions (Include pregnancy within 3 months of death) —

Major findings:
Of operations —
Of autopsy —

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? —

23. Signature W.P. Wright **(M. D. or other)** —
Address Patton, MO **Date signed** 8-21-44

RECEIVED

District Health Officer No. 4

District File Number 944-42

Date Filed 9-6-44

for 10 - 01 - 44
Charles W. H. H. H. H.

one of the following

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 John A. Holt
Licensed Embalmer No. 4264
P. O. Address The Ducktown, N.C.

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.