

FILED SEP 8 1944
Registration District No. 559

Primary Registration District No. 3010

16
4

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

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:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

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. 2014 Bloomfield Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Lee Fulton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 29th years

7. Birth date of deceased August 29th 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 1 hr. min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Walter Fulton

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

14. Maiden name Mary Evelyn Patrick

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

16. (a) Informant Walter Fulton

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 8-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 9-5-44 (b) F. W. Phelps
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1944 hour 4 minute 15 P.A.M.

21. I hereby certify that I attended the deceased from 8/29 to 8/30, 1944, that I last saw him alive on 8/30 and that death occurred on the date and hour stated above.

Immediate cause of death RETARDS GRAVIS

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1610

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Walter Lee Fulton (M. D. or other) MD
Address Cape Girardeau Date signed 9/4/44

8019

RECEIVED

District Health Officer No. 4

District File Number 944-4302

Date Filed 9-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.