V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33143
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4007

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2508 East 30th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: xx (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2508 East 30th 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOSIAH W. FULMER
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Ma 0
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora B. Fulmer
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: June (Month) 16 (Day) 1867 (Year)

8. AGE: Years 77 Months 3 Days 19. If less than one day hr. min.

9. Birthplace: Dubuque (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired Contractor
11. Industry or business:
MOTHER FATHER
12. Name: Josiah W. Fulmer
13. Birthplace: England (City, town, or county) (State or foreign country)
14. Maiden name: Charlotte B. Barnes
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Cora B. Fulmer
(b) Address: 2508 East 30th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: J. M. Wagner
(b) Address: Kansas City, Mo.
19. (a) 10-6-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1944 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from Oct 1, 1944, 1944, to Oct 5, 1944, that I last saw him alive on Oct 6, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia (NMO)	3 days.
Due to: Myocarditis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: F. W. Thompson (M. D. or other) D.O.
Address: 120 Bryant Bldg Date signed: Oct 6, 1944

361 (Licensed Embalmer's Statement on Reverse Side)

Bryant - Br 2462

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 A. R. Haienschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.