

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution: State Hosp #1 Fulton mo  
(d) Length of stay: In hospital or institution since 11-8-44  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Callaway  
(c) City or town Fulton  
(d) Street No. 14  
(e) Citizen of foreign country? +  
If yes, name country i.

3. (a) PRINT FULL NAME Bertha Bay

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive not given years

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name DK  
13. Birthplace DK (City, town, or county) (State or foreign country)  
14. Maiden name DK  
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Burial (b) Date thereof 11/18/44  
(c) Place: burial or cremation Hillcrest Cem

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo. S. Co. Breunig Hwy.  
19. (a) 11-18-1944 (b) Joan M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th year 1944 hour 10 minute 45-5 M.

21. I hereby certify that I attended the deceased from 9-4-44 to 11-16-44  
that I last saw him live on 11-16-44 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis  
Due to AK  
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?

23. Signature Robt Price (M. D. or other) 11/16/44  
Address Fulton mo Date signed 11/16/44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

JAN 10 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-44

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.