

FILED JUN 11 1945

Registration District No. 268

Primary Registration District No. 5905

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Portageville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Madison Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pemiscot

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

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

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

3. (a) PRINT FULL NAME Jimmie Fultz

3. (b) If veteran, name war no

3. (c) Social Security, No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1945 hour 70 minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

4. Sex male 5. Color or race col

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

6. (b) Name of husband or wife Lybelle Fultz 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 30 1906
(Month) (Day) (Year)

that I last saw h..... alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death while in his home. Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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

38 5 5 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER, FATHER

12. Name Marshall Fultz

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

14. Maiden name Jena Pemberton

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

Major findings: Of operations

Of autopsy 10/15

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Lybelle Fultz

(b) Address Portageville, Mo

17. (a) Burial (b) Date thereof 5-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation netherlands, mo

18. (a) Signature of funeral director J. J. Herman

(b) Address St. Louis, Mo

19. (a) 5 8-45 (b) J.P. Heasley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 078

(b) Date of occurrence 5-5-45

(c) Where did injury occur? portageville, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? no (Specify type of place)

(e) Means of injury

23. Signature Jerry Kelly (M. D. or other)

Address St. Louis, Mo Date signed

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

1000

590

5-45-115

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.....

Not Embalmed....., 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.