

FILED JUN 19 1945
287

State File No. _____

Registration District No. _____

Primary Registration District No. 0982

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Talk (Mooney)
(b) City or town Pleasant Hope (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles S. E. of Pleasant Hope
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Pleasant Hope (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles S. E. of Pleasant Hope
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

Robert Edmund Fullerton

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Maudie Francis Fullerton

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 18, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Talk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name of father Robert Franklin Fullerton

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

14. Maiden name Martha E. Adams

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

16. (a) Informant Willard Fullerton

(b) Address Pleasant Hope, Mo.

17. (a) Burial (b) Date thereof May 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hope Cemetery

18. (a) Signature of funeral director Willard R. Erwin

(b) Address Salina, Mo.

19. (a) May 23 (b) Estelle Benton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 21, year 1945 hour 7:30 minute _____ M.

21. I hereby certify that I attended the deceased from 10 1945 to May 21 1945
that I last saw him alive on Mar 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Carcinoma of prostate

Due to metastases to spine

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

Major findings: Of operations 5/6

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 E. J. Howard (M. D. or other) MD

Address Corvallis, Ore Date signed 3/26/45

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

MOTHER FATHER

12/0

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 Willard P. Ewin
Licensed Embalmer No. 3095
P. O. Address Balmar, 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.