S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33078

Registration District No. 32 Primary Registration District No. 5112 A Registrar's No. 18

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Scopus Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Scopus P.O. of Scopus twp
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel Elizabeth Fulkerson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Sherman Fulkerson
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 4 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	5	12	hr. min.

9. Birthplace Dunklin Co. (City, town, or county) Mo. 11 (State or foreign country)
10. Usual occupation Hwf.
11. Industry or business
FATHER
12. Name John Snider
13. Birthplace Dunklin Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Parish
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sherman Fulkerson
(b) Address Scopus, Mo. 0
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cook Cem. Scopus, Mo.
18. (a) Signature of funeral director [illegible]
(b) Address ✓
19. (a) Oct. 20/45 (Date received local registrar) (b) Wilcie Vandenburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1945 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from Oct 9th, 1945, to Oct 16th, 1945; that I last saw her alive on Oct 15th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac asthma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9502

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 Edw. Cutts (M.D. ~~or other~~)
Address Sedgewick Ill. Mo. Date signed 10/16/45

1438 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1145-1251

Date Filed 11-3-45

NOV 8 1945

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.