

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33328

FILED NOV 10 1945

State File No. _____

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 320

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 506 E. 10th St. 2
(If rural, give location) No
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Matilda England

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept 26 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Montgomery Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Daniel W. Baker

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

14. Maiden name Matilda Fitzhugh

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

16. (a) Informant Mrs. Lon Moore

(b) Address Second Street, Fulton, Mo

17. (a) Burial (b) Date thereof 10-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Ch Cem. Reads

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

(b) Address Fulton, Mo (D.C. Browning, Mgr)

19. (a) 10-22-1945 (b) Josie Moseley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1945 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from May 31,
1945, to Oct 21, 1945.
that I last saw him alive on Oct 21, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Recent Influenza
Duration _____

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

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?
1116 MO

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature R.M. Jones (M. D. or other)
Address 612 Court Fulton Date signed Oct 22 1945

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

4
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-9-45

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

Dezid 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.