

FILED 2478 1946

Primary Registration District No. 3005

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community life x years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Passaic
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johana Wilhelmina Fulk

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
7. Birth date of deceased May 3 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 17 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name August Horncole
13. Birthplace no record Germany
(City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Chas A. Fulk
(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 12-21/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) Dec 24/45 - Kendall Kerney
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 11:30 minute _____ P: _____ M. _____

21. I hereby certify that I attended the deceased from May 1st 38 to Dec 19th 45
that I last saw him alive on Dec 19th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial thrombosis

Due to _____

Due to _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury Stroke

23. Signature Dr. J. H. Haire (M. D. or other)
Address Butler Mo Date signed 12-20-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address. *Butte sm.*

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.