No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27133

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3734

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1708 Norton 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Miles Fulton

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Ethel Fulton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 8 (Month) 6 (Day) 1863 (Year)

8. AGE: Years 83 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Indiana

11. Industry or business X X

FATHER
12. Name Fulton, James
13. Birthplace Indiana (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Carpenter, Susie
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Ethel Fulton
(b) Address 1708 Newton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 9315 Linwood

19. (a) 8-31-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-31-46 day
year hour 8 minute 44 P.M.

21. I hereby certify that I attended the deceased from 8-23-46
, 19, to 8-31-46, 19;
that I last saw him alive on 8-31-46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio sclerosis

Due to Hypertrophy & dilatation of the heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

95C

Major findings:
Of operations

Of autopsy as above

Duration

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 Wm W. Hart (M. D. or other) MD

Address Gen. Hosp. #1 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.