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 MAR 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3908

Registration District No. 32 Primary Registration District No. 5-112 A Registrar's No. 14

1. PLACE OF DEATH:

(a) County Ballinger

(b) City or town Loopus 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ballinger

(c) City or town Loopus Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME H. B. Fulkerson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 21

6. (b) Name of husband or wife Larry

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

7. Birth date of deceased September (Month) 1th (Day) 1871 (Year)

8. AGE: Years 75 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Millesville, Cape (City, town, or county) MO (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jacob Fulkerson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Katie Fulkerson
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Glen Ballinger
(b) Address Ledgeworthville Mo.

17. (a) Cook (Burial, cremation, or removal) (b) Date thereof 3-1-1947 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director M O [illegible]
(b) Address [illegible]

19. (a) Mar 9 47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th
year 1947 hour 3 12 minute P M.

21. I hereby certify that I attended the deceased from Feb 27th, 1947, to Feb 27th, 1947;
that I last saw him alive on Feb 27th, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Myocarditis	
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?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature Edw Crites (M. D. ~~or other~~)
Address Ledgeworthville Mo. Date signed 2/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 347-356

3-12-47

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.