

No. 2
-12-45
-17-39
x47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8078**
Registrar's No. **108**

FILED MAR 21 1947
Registration District No. **43**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Gen'l Delivery
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Fulsom

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Exact Unknown
(Month) (Day) (Year)

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

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant ✓

(b) Address ✓

17. (a) Burial (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff Mo.

19. (a) 3/14/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 11 1947 to March 12 1947

that I last saw him alive on March 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Duration Unknown

Due to _____

Due to _____

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

Major findings: [Signature]

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 0

Physician [Signature] (M. D. or other) _____
Address Quincy Mo Date signed 3/14-47

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RECEIVED

District Health Office No. 2,

District File Number 347-320

Date Filed 3-18-47

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.