

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **49**

**1. PLACE OF DEATH:**  
 (a) County Missouri Jackson  
 (b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jackson County E. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 days  
(Specify whether)  
 In this community 69 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Oak Grove (Rural)  
(If outside the city or town limits, write "RURAL")  
 (d) Street No. 2 1/2 mi. west  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Fulkerson, Reden V  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March day 19<sup>th</sup>  
 year 1947 hour 10 minute 45 A.M.

4. Sex Male 5. Color or race Wh.  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 2-23-47 19. to 3-19-47 19. and that death occurred on the date and hour stated above.  
 Immediate cause of death: Sepsis  
Staphylococcus aureus

7. Birth date of deceased: Jan. 4<sup>th</sup> 1878  
(Month) (Day) (Year)  
 8. AGE: Years 69 Months 2 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus  
 Major findings of operations: Sepsis st. leg  
 Of autopsy: 6

9. Birthplace: Warrensburg, Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

10. Usual occupation: Farmer

**MOTHER FATHER**  
 11. Industry or business: Farmer  
 12. Name: James Fulkerson  
 13. Birthplace: Missouri  
(City, town or county) (State or foreign country)  
 14. Maiden name: Martha Crisp  
 15. Birthplace: Missouri  
(City, town, or county) (State or foreign country)

23. Staphylococcus aureus  
 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 Address: Independence, Mo. Date signed: 3-20-47

16. (a) Informant: Fredrick Fulkerson  
 (b) Address: Oak Grove Mo  
 17. (a) Burial (b) Date thereof: 3-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Clumbus Mo

18. (a) Signature of funeral director: Wm. B. With. Sr.  
 (b) Address: Oak Grove Mo  
 19. (a) March 21, 1947 (b) Donald C. Samskow  
(Date received local registrar) (Registrar's signature)

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.....

*Francis L. Schaberg*....., Registered Apprentice No. *464*  
working under my personal supervision.

Signed..... *R B Webb*.....

Licensed Embalmer No. *2353*.....

P. O. Address *Blue Springs 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.**