

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10032

State File No. _____

FILED MAR 25 1947

Registration District No. 277

Primary Registration District No. 3048

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
507 Olive St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Anderson Fulks, Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Little Fulks 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 10, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	2	0	hr. min.
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9. Birthplace Charleston, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry, or business None

12. Name Anderson Fulks

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Inerva (No record) (City, town, or county) (State or foreign country)

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Lenora Hemphill, Daughter

(b) Address Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri.

18. (a) Signature of funeral director W. J. ...

(b) Address Charleston, Missouri.

19. (a) 3-12-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Mississippi 67

(c) City or town Charleston /
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Olive St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1947 hour 8:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-20-46 to 3-9-47, 1947
that I last saw him alive on 3-9-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 6 mono
Arteriosclerosis 10 mono.

Due to _____

Due to _____

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

Major findings: Of operations 93D

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 _____

23. Signature W. J. ... (M. D. or other) _____
Address 204 S. ... (City or town) (State) _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No 2,

District File No. 347-412

Date Filed 3-24-47

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 John F. Munnell
Licensed Embalmer No. 3851
P. O. Address Charleston, W. Va.

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.