

FILED JUN 9 1947

Registration District No. 176

Primary Registration District No. 5-5-68

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Township
(If outside city or town limits, write "RURAL" and name of township) Rural
(c) Name of hospital or institution:
1015 Norwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Township
(If outside city or town limits, write "RURAL") Rural
(d) Street No. 1015 Norwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME George W. Fulcher

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

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

6. (b) Name of husband or wife Velva Fulcher 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 4 1889
(Month) (Day) (Year)

| | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>57</u> | <u>10</u> | <u>10</u> |hr.min. |

9. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Real Silk Hosiery Mills

12. Name Unbr...

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

14. Maiden name ...

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

16. (a) Informant Mrs. Velva Fulcher

(b) Address 1015 Norwood

17. (a) Burial (b) Date thereof 5/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director George C. Carson, Funeral Home
(b) Address Independence, Missouri

19. (a) 5-16-47 (b) ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 8 minute 15 a. M.

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

Immediate cause of death Acute Coronary Occlusion

Due to
Due to

Other conditions Reputy Coroner
(Include to date within 7 months of death)

Major findings: History 94P
Of operations

Of autopsy History 94P

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?

23. Signature A. E. Harker (M. D. or other) M.D.

Address 2800 Main Date 5/15/47

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

48
05
00

MOTHER FATHER

1981 OT NMF

MAY 7 1948

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.....

R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.