No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21963

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samuel Street
(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 Missouri (b) County Randolph 88
(c) City or town Huntsville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Samuel Street 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Iris Isabell Fullington
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Victor Fullington 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February (Month) 15 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	4	2	hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John Pogue
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Sarah Wright
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. William Lusby
(b) Address Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/19/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Salem Cemetery
18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville Mo
19. (a) 6-21-1947 (Date received local registrar) (b) Mrs. D A Barnhart (Registrar's signature) 170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1947 hour 3 minute 40 a.M.
21. I hereby certify that I attended the deceased from Feb 10, 1943 to June 16, 1947 that I last saw her alive on June 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	3 yrs
Diabetes mellitus	5 yrs
Due to chronic myocarditis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations (0)
Of autopsy Same diagnosis abdomen opened.

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 0
23. Signature R V Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 6/17/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-278
Date Filed JUN 24 1947

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ind

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.