

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24936**

FILED AUG 9 1947

Registration District No. **25**

Primary Registration District No. **3048**

Registrar's No. **159**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Manlyville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **Five days** (Specify whether
In this community **Five days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Skidmore**
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA SUSAN FULLERTON**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Thermon Fullerton** (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **Sept. 4 1922** (Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **29** If less than one day hr. min.

9. Birthplace **Mound City, Mo. U.S.** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

MOTHER FATHER

11. Industry or business
12. Name **J.M. Pappas**
13. Birthplace **Mound City, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elena Appelman**
(b) Address **Skidmore, Mo.**

17. (a) **Burial** (b) Date thereof **7-26-47** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Thermon Fullerton**
(b) Address **251 S. Main St. B.B.**

19. (a) **Aug. 4 1947** (b) **Bess Holt** (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **26** year **1947** hour **2** minute **32 P.** M.

21. I hereby certify that I attended the deceased from **7/24** 19**47** to **7/27** 19**47** that I last saw **her** alive on **7/24** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation by hypertensive crisis**
Due to **chronic hypotension?**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **B.B. Byland** (M. D. or other) **MD**
Address **Manlyville, Mo.** Date signed **7/24/47**

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

G M Atkinson

Licensed Embalmer No. 2279

P. O. Address

Marionville 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.