

FILED AUG 29 1947

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 61 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. 900 Kentucky  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIDIA B. FULKERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Fred Fulkerson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 12 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John B. Beattie  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Jane  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Florence Fulkerson

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Aug 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) AUG 11 1947 (b) Mare Konantz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1947 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 7 1947 to Aug 9 1947  
that I last saw her alive on Aug 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardio-Renal-Vascular  
Due to Syndrome

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 938

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 D

23. Signature E. E. Duckett (M. D. or other) MD  
Address Raymond 5220 Date signed 8/11/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6  
11

RECEIVED

Health Officer No. 6,  
District File Number 847-887  
Date Filed AUG 27 1947

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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..... *Carl F. Kowatz* .....

Licensed Embalmer No. 2247 .....

P. O. Address Lamar, Missouri .....

**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.**