. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1948

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42500

Registration District No. 351 Primary Registration District No. 3048 Registrar's No. 290

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Landfather Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 60 years

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 William R. Fullerton
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Pearl Fullerton
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept. (Month) 14 (Day) 1867 (Year)

8. AGE: Years 80 Months 3 Days 13 If less than one day — hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired shoemaker
11. Industry or business
FATHER
12. Name Calvin Fullerton
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Franklin
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. Pearl Franklin
(b) Address Skidmore, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem., Skidmore
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.
19. (a) 12-27-47 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1947 hour 7:30 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 16, 1947, to Dec. 27, 1947; that I last saw him alive on Dec. 27, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cardiovascular Renal Disease | 10 yrs. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

23. Signature W. L. Landfather (M. D. or other) M.D.
Address Maryville Mo. Date signed 12-31-47

(Licensed Embalmer's Statement on Reverse Side)

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. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville 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.**