S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 509

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 24

19
1
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Harrisonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Tempie A. Fulton
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 Widow
6. (b) Name of husband or wife Bernard F Fulton
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July 12 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	9	hr. min.

9. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Home maker
11. Industry or business
FATHER
12. Name George S Akin
13. Birthplace Wis
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rachel O Howard
15. Birthplace Ind
(City, town, or county) (State or foreign country)
16. (a) Informant Lora A Allen
(b) Address Harrisonville Mo
17. (a) Burial (b) Date thereof Feb 6 '47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) Feb 6, 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1948 hour 2 minute A M.
21. I hereby certify that I attended the deceased from Jan. 15 2 1948 to Feb 3 1948
that I last saw her alive on Feb. 2 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 mo
Due to Arteriosclerotic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

PHYSICIAN
Underline the cause of 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 O B Barger (M. D. or other) MD
Address Harrisonville Mo Date signed Feb 5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rannenberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.