

Registration District No. **44**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 1, Fulton, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Oct. 1947
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry North

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced or widowed-widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased 85 to 95
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 to 95
_____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Edward North 9

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know 7

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wehler

(b) Address Linoka, Mo

17. (a) Burial (b) Date thereof Feb 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish, Mo

18. (a) Signature of funeral director Theres Sarnal Kona

(b) Address Parish, Mo

19. (a) Feb 8 48 (b) Josie Monnie Klupp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. State Hospital No 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct
47, 1947 to 2-3-48, 1948;

that I last saw him alive on 2-3-1948, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
myocarditis Duration _____

Due to Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None 938

Of autopsy None

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) No

(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 0

23. Signature J. E. Baldwin Feb. 3-1948
(M. D. or other)

Address Fulton, Mo Date signed Feb 3 1948

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

MOTHER FATHER

~~Date Filed~~ 2/13/48
~~District File Number~~
DIVISION OF HEALTH CARE NO. 9

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: *August Bruns Jr*
Licensed Embalmer No. *4338*
P. O. Address *Pacific, 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.