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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 4 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40901

State File No. \_\_\_\_\_

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella  
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution: Cardwell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa<sup>999</sup>

(c) City or town Commerce<sup>34</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 2

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence E Fuleher

3. (b) If veteran, name war L

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
year 1948 hour 12 minute 10 P.M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 28 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 19, 1948 to Nov. 2, 1948  
that I last saw him alive on Nov. 2, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 8 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation laborer

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

Major findings: Of operations No B

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name William J. Fuleher

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

14. Maiden name Annida E. Pratt

15. Birthplace Pratt Center Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Fuleher

(b) Address Picher Okla.

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

(c) Place: burial or cremation Galena Kans.

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? \_\_\_\_\_

18. (a) Signature of funeral director Del Mitchell

(b) Address Commerce Okla.

19. (a) 12-30-48 (b) Alpha Dyer  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature C Cardwell (M. D. or other) \_\_\_\_\_  
Address Stella Mo. Date signed 11-2-48

RECEIVED

District Health Officer No. *179-5*  
District File Number *1-3-49*  
Date Filed

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.....

Licensed Embalmer No. ....

P. O. Address.....

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.