

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2458  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 348  
 (b) Township Osage Primary Registration District No. 5486 Registered No. 298  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

42  
42 16 Sadie Alice Fulkerson  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF O. C. Fulkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1853

7. AGE 85 YEARS 9 MONTHS 17 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Delaware County  
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Nathan Hardin

14. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Gellar

16. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

17. INFORMANT Mamie Fulkerson  
(ADDRESS) Brownington Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brownington DATE Jan. 20 1939

19. FUNERAL DIRECTOR (NAME) C. A. Rickett  
(ADDRESS) Brownington Missouri

20. FILE NO. Jan 20 39 C. D. Taylor, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1939

22. I HEREBY CERTIFY That I attended deceased from January 15 1939 to January 18 1939  
 I last saw her alive on January 18 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Saba Pneumonia  
15-39  
 Date of onset

Other contributory causes of importance: 105

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) C. D. Taylor, M. D.

(Address) Brownington Mo.

RECEIVED  
District Health Officer No. 71  
District File Number 7-39-198  
Date Filed 2-7-39

**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, .....

*Tom Hunt*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater, 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, above space should be left blank.**