

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **286** Primary Registration District No. **54** Registrar's No. \_\_\_\_\_

**MAR 14 1940**

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Holcomb  
(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 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME Wm. <sup>69</sup> Rameal FULLER

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Boy 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Bennett Fuller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Holcomb R.F.D. \_\_\_\_\_ (City, town, or county) (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

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

12. Name Bennett Fuller

13. Birthplace White Oak Dunklin \_\_\_\_\_ (City, town, or county) (State or foreign country) \_\_\_\_\_

14. Maiden name Bessie Virginia Bennett

15. Birthplace Mo. \_\_\_\_\_ (City, town, or county) (State or foreign country) \_\_\_\_\_

16. (a) Informant's own signature Bennett Fuller

(b) Address Holcomb

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Shoguen

18. (a) Signature of funeral director Wm. J. Anderson

(b) Address Holcomb Mo. B 1 250

(c) 3-5-1940 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Holcomb  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. 0  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 40 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 17 to Feb 19, 1940.

that I last saw him alive on 2/19/40 and that death occurred on the date and hour stated above.

Immediate cause of death Primitive Birth  
6 months

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

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

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

Other conditions (Include pregnancy within 3 months of death) 14 13

Major findings: Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

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

23. Signature Wm. J. Anderson (M. D. or other) 3

Address Holcomb Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 2,  
District File Number 340-782  
Date Filed 3/13/40

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**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, above space should be left blank.**