S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32395

State File No.

Registration District No. AUG 27 1940

Primary Registration District No. 5622A

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Lafayette

(b) ~~City or town~~: Clay Township
(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) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 70 yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lafayette

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 6 mi. North of Odessa
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Ella H. Fulton

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Fe

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Emmett F. Fulton

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

7. Birth date of deceased: May 27, 1867 (Month) (Day) (Year)

8. AGE: Years 73 | Months 3 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: At home 1

11. Industry or business: 7

MOTHER FATHER

12. Name: John Allen

13. Birthplace: Va. (City, town, or county) (State or foreign country)

14. Maiden name: Mausey

15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Selmo Fulton

(b) Address: Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenton Cem. Odessa, Mo.

18. (a) Signature of funeral director: L. L. Hudman

(b) Address: Odessa, Mo.

19. (a) 9/2/40 (Date received local registrar) (b) Mrs E. M. Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1940 hour — minute — M.

21. I hereby certify that I attended the deceased from Aug 26, 1940 to Aug 31, 1940 that I last saw him alive on Aug 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Coma — Duration 3 days

Due to: Interstitial Nephritis 1939

Due to:

Other conditions (Include pregnancy within 3 months of death): Gall Bladder Infection

Major findings:
Of operations:

Of autopsy: 121

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):

(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: R. Gehrdes (M. D. or other)

Address: Odessa Mo. Date signed: 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
State File Number 1040
Date Filed 10-8-40

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 Irving E. Hurman

Licensed Embalmer No. 7541

P. O. Address Odessa 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.