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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2092

Registration District No. 120 Primary Registration District No. 3009 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 333 N Spring St Cape (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 11

(d) Street No. 333 N Spring St (If rural, give location) 6

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

3. (a) PRINT FULL NAME Francis Ann Fulton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Andrew (Deceased)

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

7. Birth date of deceased July (Month) 10 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Dkuen
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Martha Norton
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Mae Black

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director Seabaugh Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) 1-10-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1941 hour 9 minute 6 M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 15, 1941; that I last saw her alive on Jan 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Bronchial)	4 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) (Senility) 107	

Major findings:
Of operations
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)

(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 [illegible] (M. D. or other)

Address Cape Girardeau Date signed 1-15

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1958

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 W. H. Estes, Registered Apprentice No. _____ working under my personal supervision.

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Dove Guardian

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.