

S. No. 2  
-11-10-39  
7. 5-17-39  
I X21492

APR 15 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12173

State File No.

Registrar's No. 57

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Putnam Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)  
In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Shackelford R.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1941 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Feb 17  
1941, to Mar 17 1941;  
that I last saw him alive on Mar 17 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bacterial Pneumonia Duration 4 da  
Due to Initial insufficiency 61 10 yrs.  
Due to Diabetes 2 yrs.  
Other conditions X  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy No  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME NORA ZENA FULKERSON

3. (b) If veteran, name war L 3. (c) Social Security No. -

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Payton Fulkerson 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Dec. 15 - 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Kingston Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

MOTHER FATHER  
12. Name Frances M. Payne  
13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora Belle Cox  
15. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maurice Young

(b) Address Marshall, Mo

17. (a) Burial (b) Date thereof 3-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Cemetery

18. (a) Signature of funeral director J. Eggle

(b) Address Marshall, Mo

19. (a) 3-19-41 (b) Dep.  
(Date received local registrar) (Registrar's signature)

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 A. Putnam (M. D. or other) 11  
Address Marshall Date signed 3-19-41

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

97  
1  
2

RECEIVED  
District Health Officer, No. 8,  
District File Number 77-11-7  
Date Filed 7-11-77

**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 J. Leslie Sussman

Licensed Embalmer No. 2255

P. O. Address Marshall, Va.

**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.**