

AUG 29 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 217

1. PLACE OF DEATH:  
Adair  
(a) County \_\_\_\_\_  
(b) City or town Kirksville, Mo.  
(c) Name of hospital or institution:  
D Grim-Smith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two days  
(Specify whether \_\_\_\_\_)  
In this community Two days  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Missouri  
(c) City or town LaPlata  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roscoe L. Fulmer  
(b) If veteran, name war L  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25  
year 1941 hour 7:10 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July, 24  
1941 to July, 25 1941  
that I last saw him alive on July, 25 1941  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Etta Fulmer 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Aug 7 - 1891  
(Month) (Day) (Year)

Immediate cause of death Brain abscess  
(cause unknown)  
Duration 2 wks.

8. AGE: Years 49 Months 11 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Cable Stationer

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

12. Name Cete Fulmer

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

14. Maiden name May Curtis

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

16. (a) Informant Etta Fulmer

(b) Address LaPlata Mo

17. (a) Burial (b) Date of July 28 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata

18. (a) Signature of funeral director Dr. Christie  
(b) Address LaPlata Mo

19. (a) July 27/41 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. P. King (M. D. or other) MD  
Address LaPlata, Mo. Date signed 8/25/41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1574

Date Filed AUG 21 1941

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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, fact should be so stated above.**