

No. 2
1-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27899

FILED SEP 24 1941

Registration District No. 89

Primary Registration District No. 3001

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff (D. D.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hospital Braden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Few hr.
(Specify whether
In this community Life "Near Quinn Butler County"
years, months or days Few hrs)

3. (a) PRINT FULL NAME Charles Wm Fulkerson Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June - 16 - 1937
(Month) (Day) (Year)

8. AGE: Years 4 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Charles Fulkerson

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

14. Maiden name Bianch Franklin

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

16. (a) Informant Mrs. W. G. Webb

(b) Address Quinn, Mo. "Rural"

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-8-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Webb Cemetery

18. (a) Signature of funeral director W. G. Webb (Specify type of place)
(b) Address Campbell, Mo. (c) Means of injury Auto acc

19. (a) 9-12-41 (Date received local registrar) (b) Belle K. Moore (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Quinn Mo. "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. "Rural" (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th. year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 6th 1941 to Sept-7th 1941
that I last saw him alive on Sept-7th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock
due
to
3rd
trunk
about
body
due
to
auto
accident
Duration 9-6-41

Other conditions (Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence Sept-6-1941 012
(c) Where did injury occur? Quinn Butler Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway

While at work _____ (Specify type of place)
(e) Means of injury Auto acc
23. Signature W. G. Webb (M. D. or other)
Address Poplar Bluff Mo Date signed 9-10-41

92 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 94-3314

Date Filed 9/22/41

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 Christina M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27899

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles W^m Fulbright

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____
Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Shock

Due to 3rd degree burns about body

Due to Auto accident / collision with truck

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) accident

(b) Date of occurrence Sept 6, 1941

(c) Where did injury occur? Butler Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway State
(Specify type of place)

While at work? no (e) Means of injury auto

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

Cape Girardeau, Mo

SUPPLEMENTAL

