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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27902

Registration District No. 89

Primary Registration District No. 2007

Registrar's No. 354

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: poplar Bluff Mo.
(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: About 5 Days
(Specify whether
In this community: life 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: Butler
(c) City or town: poplar Bluff Mo.
(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: —

3. (a) PRINT FULL NAME: Blanch Fulkerson

3. (b) If veteran, name war: — 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: Charles Fulkerson 6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: Aug - 30 - 1918
(Month) (Day) (Year)

8. AGE: Years: 23 Months: 9 Days: 0 If less than one day: 0 hr. 0 min.

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

10. Usual occupation: Housewife

11. Industry or business: "

12. Name: Geo. Franklin

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

14. Maiden name: Mrs. G. Webb

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

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

(b) Address: Quilin Missouri

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

(c) Place: burial or cremation: Webb Cemetery

18. (a) Signature of funeral director: Labbea Funeral Service

(b) Address: Campbell Missouri

19. (a) 9-17-41 (b) Della KIRNE
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 11th
year: 1941 hour: 9 minute: 0 P. M.

21. I hereby certify that I attended the deceased from Sept - 6th 1941 to Sept 11th 1941, that I last saw her alive on Sept - 11th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock Duration: 9-6-41

Due to: 3rd degree burn of 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): Auto accident

(b) Date of occurrence: Sept - 6 - 41

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

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

While at work? — (Specify type of place) (Specify means of injury)

23. Signature: [Signature] (M.D. or other)

Address: Poplar Bluff Mo Date signed: 9-16-41

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 941-1310

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 Kristin M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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. 27902
Registrar's No. 354

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hosp.
(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 Blandh Fulkerson

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

4. Sex F 5. Color or race W

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 (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 _____ Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased _____ that I saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Shocks Duration _____

Due to 3rd degree burns of body

Due to auto accident

collision with truck

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

Major findings: Of operations _____

Of autopsy _____

170c
22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) auto accident

(b) Date of occurrence Sept. 4

(c) Where did injury occur Butler Mo

(d) Did injury occur in or about _____ farm, in industrial place, in public place? Highway

While at work? _____ (Specify type of place) (e) Means of injury _____

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

Address _____ Date signed _____

SUPPLEMENT

ON STATE REGISTERED

MOTHER FATHER

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27902
Registrar's No. 354

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH

(a) County Butler
(b) City or town Paplar Bluff
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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 _____

3. (a) PRINT FULL NAME Blandh Fullerson

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

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

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 Sept 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-3-41 (b) Belle Kime
(Date received local registrar) (Registrar's signature)

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 first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. (Immediate cause of death) _____

Due to _____
Due to _____

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) _____

(b) Date of occurrence _____

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

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

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

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER