

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28290

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 635

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1004 West Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Ella Eliza Fulton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Benzona Fulton 6. (c) Age of husband or wife if alive Decedent

7. Birth date of deceased December 20-1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>12</u>	hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business at home

12. Name Flegs Hooper

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

14. Maiden name Anna King

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

16. (a) Informant Mrs. E. J. Felling

(b) Address 1004 W. Walnut - Springfield Mo.

17. (a) Burial (b) Date thereof 8/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelley Chapel

18. (a) Signature of funeral director Walter L. March

(b) Address Acacia No. 604

19. (a) 8-4-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 W. Walnut Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1941 hour 10 pm minute P.M.

21. I hereby certify that I attended the deceased from 7/25 1941 to 8-5- 1941 that I last saw her alive on 8-5- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to 73M

Due to

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

Major findings: Senility

Of operations

Of autopsy

PHYSICIAN

Duration 1 wk

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 Stroke

Signature C. E. Feller (M. D. or other)

Address Springfield Mo. Date signed 8/24/41

NOV 14 1944

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..... *Forest Klepper*

Licensed Embalmer No. *4226*

P. O. Address *Aurora, 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.