

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 28885

Registration District No. 509

Primary Registration District No. 5765

Registrar's No.

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Ohio
 (c) Name of hospital or institution: Home
 (d) Length of stay: 3 yrs
 In this community years, months or days

3. (a) PRINT FULL NAME MOISE FULTON
 3. (b) If veteran, name war -
 3. (c) Social Security No. none

4. Sex M 5. Color of race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosie Fulton
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased June 29, 1879

8. AGE: Years 62 1/2 Months 4 Days 4
 If less than one day hr. min.

9. Birthplace Shore Co., Mississippi

10. Usual occupation Farming

11. Industry or business Pleas Fultons

12. Name Pleas Fultons

13. Birthplace Shore Co., Miss.

14. Maiden name Ester Jane

15. Birthplace Mississippi

16. (a) Informant Rosie Fulton

(b) Address Charleston, Mo. Rt. 3 Box 4

17. (a) Burial (b) Date thereof 8/24/41

(c) Place: burial or cremation Oak Grove

18. (a) Signature of general director Travis Shelby
 (b) Address East Prairie, Mo.

19. (a) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Rural
 (d) Street No. 8 miles N. east of Wyatt Mo.
 (e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
 year 1941 hour 10:05 minute 9 M.

21. I hereby certify that I attended the deceased from June 1, 1941 to Aug 23, 1941; that I last saw him alive on Aug 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of prostate
 Duration 1 yr

Due to 51B
 Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy

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

23. Signature Paul B. James M.D. (M. D. or other)
 Address Charleston Mo. Date signed 8/24/41

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

RECEIVED

District Health Office No. 12382

District File Number 91-12344

Date Filed 9/13/41

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Travis Shelby

Licensed Embalmer No.

2726

P. O. Address.....

East Prairie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.