

FILED DEC 5 1941

Registration District No. 193

Primary Registration District No. 6036

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural - Elmwood Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West of Marshall, Mo. II Miles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Twenty Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Woodson W. Fulkerson
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Manufacturer

11. Industry or business Toilet Supplies

12. Name Elijah Hamilton Fulkerson

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

14. Maiden name Adeline Jamison

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

16. (a) Informant Peyton Fulkerson
(b) Address Marshall, Mo. R.F.D.

17. (a) Burial (b) Date thereof Nov. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Springs Cemetery

18. (a) Signature of funeral director J. Leslie Sumner
(b) Address Marshall Mo

19. (a) Nov. 14-41 (b) Matthias Weiler
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1941 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov. 6
1941 to Nov. 13 1941;
that I last saw him alive on Nov. 6 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Descending paralysis
Softening of brain
Due to _____
Due to _____

Duration
years
?

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

Major findings: Of operations No
Of autopsy No

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. C. Putnam (M. D. or other) O

Address Marshall Mo Date signed 11-13-41

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

464

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 12-4-41

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

J. Leslie Surrney

Licensed Embalmer No. 32357

P. O. Address Marshall

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.