V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36206

FILED NOV 19 1942 49

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 4064

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4015 Montgal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: [redacted] Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Minden Mines Missouri
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: James H. Fulps

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lacy Ann Fulps

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Jan. (Month) 22 (Day) 1862 (Year)

8. AGE: Years 80 | Months 9 | Days 9 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Retired Farmer

11. Industry or business: ____

MOTHER FATHER

12. Name: Stephen Fulps
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Nancy Bundy
15. Birthplace: unk. 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Lacy Ann Fulps
(b) Address: Minden Mines Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lamar Missouri

18. (a) Signature of funeral director: Wm C. R. Fowler
(b) Address: 918 Brooklyn

19. (a) 11-3-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year (1942) hour 4 minute A. M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease
Due to: 93 D
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____

Duration

Major findings:
Of operations: ____
Of autopsy: Inspection + hearing

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

23. Signature: O. Stith 3 (M. D. or other)
Address: Date signed: 11/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.