

SHED APR 14 1943

Registration District No. 1

Primary Registration District No. 5030

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio Rural
(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 30 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Atchison

(c) City or town Tarkio Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norman Arthur Fullerton

3. (b) If veteran, name war World War I

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 10 1940
March 3 1943 to _____ 1943

that I last saw him in alive on March 3 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace Fox

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug 26 1888
(Month) (Day) (Year)

Immediate cause of death Decomposed heart due to acute myocarditis & mypercarditis

Duration 1 yr.

8. AGE: Years Months Days If less than one day

54 6 7 hr. _____ min.

Due to _____

Due to 93d

Other conditions Cerebral hemorrhage 7
(Include pregnancy within 3 months of death)

9. Birthplace Lincoln Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings:
Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Oscar Fullerton

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

14. Maiden name Euphemia

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

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 C. W. Vaughn (M. D. or other)
Address Tarkio Mo. Date signed Mar 14 1943

16. (a) Informant Mrs. Grace Fullerton

(b) Address Tarkio Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director David Fullerton

(b) Address Tarkio Mo.

19. (a) Mar 10 1943 (Date received local registrar) (b) Mr. H. O. Cunningham
(Registrar's signature)

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

APR 22 1945

JAN 20 1945

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. M. Davis*
Licensed Embalmer No. *2394*
P. O. Address..... *Tarkenton, 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.