

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14737

Registration District No. 172

Primary Registration District No. 5475

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt Mo (Rural)

(c) Name of hospital or institution: Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Several years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Grundy

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

(d) Street No. Liberty Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Boyle Fulkerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife Rma. Fulkerson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov 28 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3rd
year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-27-1942 to 4-3-1944
that I last saw him alive on 3-31-1944
and that death occurred on the date and hour stated above.

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

56 4 6 hr. _____ min.

Immediate cause of death Myelogenous Leukemia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Brimson Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

74

11. Industry or business Farming & Stock Raising

12. Name D. P. Fulkerson

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

14. Maiden name Phyllis Hudson

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

16. (a) Informant Mrs. Boyle Fulkerson

(b) Address Galt Mo

17. (a) Burial (b) Date thereof Apr 5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Cem. Edmundo Mo

18. (a) Signature of funeral director Okbayer Son

(b) Address Galt Mo

19. (a) 4-15-44 (b) P. S. Roberts
(Date received local registrar) (Registrar's signature)

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) Manner of injury _____

23. Signature H. C. Weston (M. D. or other) _____
Address Galt, Mo Date signed 4-4-44

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

40
0
0

1.330

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.