S. No. 2
I—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18422

FILED JUN 12 1944

Registration District No. [illegible] Primary Registration District No. 4257 Registrar's No.

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Leeton, Mo.
(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 years, months or days)
In this community 3 yrs -

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

3. (a) PRINT FULL NAME William Henry Fultz
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice Fultz
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 26 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John C. Fultz
FATHER 13. Birthplace (City, town, or county) Va. (State or foreign country)
MOTHER 14. Maiden name Margaret Stark
MOTHER 15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Miss Flossie Fultz
(b) Address Leeton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo
18. (a) Signature of funeral director R A Brauninger
(b) Address Leeton, Mo.
19. (a) 4-20-44 (Date received local registrar) (b) R A Brauninger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20 day
year 1944 hour 11:45 AM minute M.
21. I hereby certify that I attended the deceased from 4-15 1944 to 4-20 1944
that I last saw him alive on 4-17-1944 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 [illegible] (M. D. or other) MD
Address Warrensburg Mo Date signed 5-1-44

(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. Me ..... , working under my personal supervision.

Signed R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Leeton, 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.