

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23378  
Registrar's No. 234

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp # 1 (If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

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

(d) Street No. 14 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mattilda M. Fuller

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1944 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from 7-6 1944 to 7-12 1944 that I last saw him alive on 7-12 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial arterio-sclerosis

4. Sex Female 5. Color of W race W

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

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Sept 1 1880 (Month) (Day) (Year)

Duration

Due to 920

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

Major findings: arterio-sclerotic cardiac hypertrophy

Of autopsy same

PHYSICIAN — Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Henry Harmon

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

14. Maiden name Kate Harmon

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

16. (a) Informant the coroner

(b) Address

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation CLIVE CAMP MO

18. (a) Signature of funeral director WALLACE FUNERAL HOME

(b) Address FULTON, Mo D. C. Browning, Mgr.

19. (a) July 13, 44 (Date received local registrar) (b) Josie Morain (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?

(Specify type of place)

While at work? (e) Means of injury 0

23. Signature K. S. Sherrill (M. D. or other) 0

Address Fulton Mo Date signed 7/13/44

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

14  
12

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-10-44.....

**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..... *E. S. White*.....

Licensed Embalmer No. 4168.....

P. O. Address..... *Fulton, 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.**