

FILED JAN 19 1945

State File No. _____

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brooklyn St.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution All Of Life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67
(c) City or town Charleston,
(If outside city or town limits, write "RURAL") 1
(d) Street No. Brooklyn St.
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None (1)

3. (a) PRINT FULL NAME Charlie Fulks

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

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Janie Fulks (dec'd) (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14th 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Bertrand Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business _____

12. Name Anderson Fulks

13. Birthplace N.K. N.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name N.K.
(City, town, or county) (State or foreign country)

15. Birthplace N.K. N.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Andy Fulks

(b) Address R#2 Charleston, Mo.

17. (a) Burial (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Charleston,

18. (a) Signature of funeral director John F. Hummel

(b) Address Charleston, Mo.

19. Jan 5/45 (b) Mrs. Tom Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1944 hour 5 minute 30 A. M.

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

Immediate cause of death Purinary Embolism
Due to Bathing

Due to Bronchitis
Other conditions _____
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations none
Of autopsy none

Duration _____
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) no
(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? Mo.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John F. Hummel (M.D. or other) Coroner
Address Charleston, Mo. Date signed 12-26-44

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

MOTHER FATHER {

1257

RECEIVED

District Health Office No. 2

District File Number 145-101

Date Filed 1-16-45

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

John P. Pennington

Licensed Embalmer No.

3851

P. O. Address.....

Charleston, 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.