

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000
State File No. _____ Registrar's No. 940

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1020 N. Forrest Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 31
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 N. Forrest 6
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Fulbright
(b) If veteran, name war None (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
year 1945 hour 11 minute 15 P.M.

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Aug. 22, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Unattended recently by physician
that I last saw him alive on 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 2 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Duration _____

9. Birthplace Unk. Missouri 1
(City, town, or county) (State or foreign country)

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

10. Usual occupation Mill Worker

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

11. Industry or business _____

MOTHER FATHER {
12. Name _____
13. Birthplace _____
14. Maiden name Harriett Fulbright
15. Birthplace Unk. Missouri 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Rush Franklin
(b) Address 1020 N. Forrest, Spfd., Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Nov. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director W. P. Campbell
(b) Address 869 Washington, Spfd., Mo.

(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 _____

19. (a) 11-20-45 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Handley (M. D. or other) M. D.
Address Spfd., Mo. Date signed 11/21/45

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

39
2
1

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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield, 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.

X