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

29915

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 164

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032-5598

State File No. 41102

Registrar's No. 132

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Columbus Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 1yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

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

(d) Street No.: R. R.# 1 Centerview
(If rural, give location)

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

3. (a) PRINT FULL NAME: Frederick Monroe Fulkerson,

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Logan Fulkerson

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Dec. (Month) 19 (Day) 1867. (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	6	hr. min.

9. Birthplace: Johnson Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Dentist

11. Industry or business:

FATHER
12. Name: Nicholas Houx Fulkerson
13. Birthplace: unknown (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Kennedy Houx.
15. Birthplace: unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Ewing Fulkerson.
(b) Address: Centerview. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill Cem.

18. (a) Signature of funeral director: Sweeney Phillips.
(b) Address: Warrensburg Mo.

19. (a) Dec. 26-1946 (Date received local registrar) (b) Sarah Ruth Butterfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1946 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 1 '46 Dec. 25, 1946, to, 19; that I last saw him alive on On Dec. 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 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: 0

23. Signature: O. L. Bradley (M. D. or other)
Address: Warrensburg Date signed: Dec 26 46

147 (Licensed Embalmer's Statement on Reverse Side)

APR 10 1947

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.