. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1947

Registration District No. 115

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8550

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Franklin County Infirmary 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles Fulton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 8 (Day) 1860 (Year)

8. AGE: Years 86 Months 9 Days 25 If less than one day hr. min.

9. Birthplace New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation unknown

11. Industry or business unknown

FATHER
12. Name unknown G
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Charles Owens 1

(b) Address Union, Missouri 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Franklin Cty Inf Cemetery

18. (a) Signature of funeral director Union Funeral Home

(b) Address Union, Missouri

19. (a) Apl. 5-1947 (Date received local registrar) (b) F. T. Cooper F.C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 1940 to 4-3 , 1947; that I last saw him alive on 4-2 , 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

162B

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)

(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 H. M. Denny (M. D. or other) M.D.

Address Union Mo Date signed 4-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-47

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 Harlan A. Johannaber, Registered Apprentice No. 474, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2464

P. O. Address Washington 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.