

**FILED MAR 31 1947**  
Registration District No. **141**

Primary Registration District No. **3025**

46  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Howell  
 (b) City or town West Plains  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

**3. (a) PRINT FULL NAME** Fred DeBoe Fulkerson  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. ✓

**4. Sex** MP **5. Color or race** W  
**6. (a) Single, widowed, married,** divorced 2  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** 7-28-1870  
 (Month) (Day) (Year)

**8. AGE:** Years 77 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Farmer & Stockman

**11. Industry or business** \_\_\_\_\_

**MOTHER, FATHER**  
**12. Name** Joshua Fulkerson  
**13. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Va.  
**14. Maiden name** Margaret Branson  
**15. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Va.

**16. (a) Informant** \_\_\_\_\_  
**(b) Address** \_\_\_\_\_

**17. (a)** Removal **(b) Date thereof** 2-23-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Drenton, Mo

**18. (a) Signature of funeral director** Robertson  
**(b) Address** West Plains, Mo

**19. (a)** 3-18-1947 **(b)** Beatrice Cook  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Howell  
 (c) City or town West Plains  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 2 day 22  
 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** 2/6, 1947, to 2/20, 1947,  
 that I last saw him alive on 2/20, 1947,  
 and that death occurred on the date and hour stated above.

**Immediate cause of death:** Lobar Pneumonia  
Stroke  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Other conditions:** \_\_\_\_\_  
 (Include pregnancy within 5 months of death)

**Major findings:** 108  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

**23. Signature** R. E. Hogan M. D. 60197  
**Address** West Plains, Mo. 3187

**Duration** \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECORDED

District: \_\_\_\_\_ Officer No. 5,

District File Number 347.165

Date Filed 3-28-47

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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.....

Robert J. Drago....., Registered Apprentice No. 432,  
working under my personal supervision.

Signed..... D. H. Robertson

Licensed Embalmer No. 3435

P. O. Address..... West Plains,

**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.