

FILED JUN 27 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years 7 mo  
(Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH FOSSEL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W

6. (a) Single, widowed, married, divorced D.K.

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased D.K.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

OK. \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation D.K.

11. Industry or business D.K.

12. Name D.K.

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

14. Maiden name D.K.

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

16. (a) Informant Hospital Records

(b) Address Fulton Mo.

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

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Wm. J. Manspiner

(b) Address 712 East Fulton, Mo.

19. (a) 6-17-1947 (b) James Manspiner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1947 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 6-7-47 19. to 6-13-47 19. ;  
that I last saw her alive on 6-13-47 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypotensive Pneumonia  
cardiac infarction.

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

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

Other conditions Generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Hydrothorax & pleuritis bilateral

Of operations none

Of autopsy as above - 110B

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 \_\_\_\_\_

Signature R. P. Price (M. D. or other) M. D.

Address Fulton Mo. Date signed 13/47

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

14  
1  
2

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 26 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..... *Glen G. Mauhin* .....  
Licensed Embalmer No..... *2725* .....  
P. O. Address..... *Fulton, 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.