

Registration District No. 47

Primary Registration District No. 2008

Registrar's No. 367

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 Callaway County Hospital
(If not in hospital or institution, write street number or name)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 818 Vine
(Narrowly give location)

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

If yes, name country _____

3. (a) PREVIOUS FULL NAME Mrs. Roberta Henderson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1947 hour 1 minute 30P M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 15 October 47 to 15 October 47 same er 1 PM to 10 Oct 1947 that I last saw h. alive on _____ 1947 and that death occurred on the date and hour stated above.

4. Female 5. Color negro 6. (a) widowed divorced _____

Immediate cause of death Hemorrhage, cerebral, basilar cause unknown

Duration 15 hr

6. (b) Name of husband or wife Harvey 6. (c) Age of husband or wife if alive years _____

7. Birth date of deceased Nov. 1918
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy g n

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation House Work

11. Industry or business _____

12. Name Ruby Thompson

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

14. Maiden name Amelia Lambert

15. Birthplace Fulton Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Thompson

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? _____

17. (a) Burial Date thereon Oct 19-47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Walter's wife Cemetery

18. (a) Signature of funeral director Chas. Bell

(b) Address Fulton, Mo.

While at work _____ (Specify type of injury) (c) Manner of injury _____

19. (a) Oct. 15, 1947 (b) Jesse Morsinkhoff Signature _____ (M. D. or other) _____
(Date received local registrar) (Registrar's signature) Address Fulton, Mo. Date signed 17 Oct 47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-24-47

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, ~~on~~ **NOV 4 1947**

....., Registered Apprentice No.....
working under my personal supervision.

Signed Eli Bell

Licensed Embalmer No. 3130

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.