FILED DEC 17 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41069
Do not use this space.

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1. PLACE OF DEATH

(a) County Camden — Registration District No. 50

(b) Township Auglaize — Primary Registration District No. 4070 — Registered No. 15

(c) City Stoutland Mo — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred Community life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEROY FRANCIS FULBRIGHT

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Fulbright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 84 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: farmer
10. Date deceased last worked at this occupation (month and year): 1940
11. Total time (years) spent in this occupation: all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 0

FATHER
13. NAME: Robert Bruce Fulbright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden County Mo

MOTHER
15. MAIDEN NAME: Elizabeth Catherine Barnhart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo

17. INFORMANT (ADDRESS): Mrs. Laura Fulbright Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stoutland Cemetery DATE: Nov 28 - 1947

19. FUNERAL DIRECTOR (ADDRESS): Virgil Evans Stoutland Mo.

20. FILED: Dec. 13 - 1947 Zilpha Traw, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 28 1947

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1947, to Nov 28th, 1947
I last saw him alive on Nov 27, 1947. Death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11-23-47

Other contributory causes of importance: 107
old age

Name of operation: None Date of .....
What test confirmed diagnosis? Bedside Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) C. E. Carlton, M. D.
(Address) Stoutland Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, This body was not Embalmed, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)