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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 408
Registrar's No. 24

Registration District No. 4-3

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: At Home Rt 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Poplar Bluff Twp
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: John F. Fuller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Ethel Fuller

6. (c) Age of husband or wife if alive: 23 years

7. Birth date of deceased: Dec. 23 1890
(Month) (Day) (Year)

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

39 0 23 _____ hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name: Silas Fuller

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

14. Maiden name: Jane Wilkins

15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John F. Fuller

(b) Address: Poplar Bluff, Mo. Rt. 3

17. (a) Burial (b) Date thereof: Jan. 17, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gregory Cemetery

18. (a) Signature of funeral director: W. H. Jolly

(b) Address: Corning Ark.

19. (a) 1-19-49 (b) W. H. Jolly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 3
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1949 hour 9 o'clock minute 9 M.

21. I hereby certify that I attended the deceased from 14 July 48
_____ 19____ to 15 Jan 49 19____

that I last saw him alive on 15 Jan 49
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis

Due to _____

Due to _____

Other conditions: hypostatic pneumonia, cancer left lung, cholelithiasis & myelogram
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy: 162

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature: Camilla R. St. M. D.
Address: Poplar Bluff Date signed: 17 Jan 49

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No

District File Number 149

Date Filed 1-24-

JAN 28 1949

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 Richard O. Bennett

Licensed Embalmer No. 782

P. O. Address Covington, La.

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.