

FILED SEP 13 1948
Registration District No. _____

Primary Registration District No. 3021

Registrar's No. 123

1. PLACE OF DEATH:

(a) County. Greene

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

(c) Name of hospital or institution: 1619 main st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene 40

(c) City or town. Trenton
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1619 main st
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 3

If yes, name country. _____

3. (a) PRINT FULL NAME RENA E. FULKERSON

3. (b) If veteran, name war. _____

3. (c) Social Security No. 404A

20. DATE OF DEATH: Month August day 25
year 1948 hour 4:55 minute A M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Single Fulkerson

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

7. Birth date of deceased. Sept 5, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-16-48 to 8-25- 1948
that I last saw her alive on 8-24- 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 20 If less than one day
hr. _____ min. _____

Immediate cause of death Hypertension

9. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Homemaker

11. Industry or business _____

Major findings: Of operations _____

12. Name Charles Lee Deatt

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

14. Maiden name Marie Louise White

15. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

Of autopsy mass Lt Kidney and in Right Supra-renal gland

16. (a) Informant Marie Sharp

(b) Address Rt 1, Trenton, Mo

17. (a) Burial (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elizabethtown

18. (a) Signature of funeral director Paul A. Dan

(b) Address Trenton Mo

19. (a) 8-26-48 (b) J. E. Jan
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paula Susan (M.D. or other) MD

Address Trenton Mo Date signed 8-26-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

SEP 15 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed

Walter E. Moyer

Licensed Embalmer No.

4491

P. O. Address

Jrentons 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.