

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.

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

21359
Do not use this space.

JUL 15 1940

1. PLACE OF DEATH

(a) County Dallas Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 153
(c) City Fulton (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 916 Grand 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Gross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 39 11 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F Guthrie O
Okla
13. NAME John Hutzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredonia O
15. MAIDEN NAME Elizabeth Fleckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill
Missouri
17. INFORMANT (ADDRESS) Fred Gross
Fulton, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburg DATE June 11, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph Wallace
Fulton, Missouri
20. FILED June 11, 1940 R. N. Crew
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1940
22. I HEREBY CERTIFY, That I attended deceased from 6-6 1940 to 6-10 1940
I last saw her alive on 6-10 1940 Death is said to have occurred on the date stated above, at 2307 St.
The principal cause of death and related causes of importance were as follows:
Cardiac Dilatation
Pulmonary edema
Date of onset 6-16
Other contributory causes of importance: Appendiceal Abscess
Name of operation Drainage abscess
What test confirmed diagnosis? Drainage abscess Was there an autopsy? Yes
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
(Signed) John A. Brown, M. D.
(Address) Fulton, Mo

OCT 22 1952

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 Geo B Wallace
Licensed Embalmer No. 3373
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, above space should be left blank.