JAN 15 1936

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

44816
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1421
(c) City St. Joseph, — (d) Street No. 3302 Renick 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 37 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isabelle Barker Fuller,
(a) Residence, No. 3302 Renick 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Leland Fuller,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 7, 1857
7. AGE: YEARS 80 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.: 262
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): New Diggins, Wisconsin,

FATHER
13. NAME: Thomas Barker,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yorkshire, England,

MOTHER
15. MAIDEN NAME: Sarah Ankers,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond, England,

17. INFORMANT (ADDRESS): Mrs. Hugh Graham, 3302 Renick Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Dec. 29, 1937
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bergold-Bowman, 319 So. 10th. Str. Funeral Home
20. FILED 12/29, 1937 H J Hestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 27th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Dec 26, 1937
I last saw her alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pee. — Date of onset 1935
94

Other contributory causes of importance:
Arteriosclerosis Gen
Hyperten.
Senility

Name of operation None — Date of
What test confirmed diagnosis? Clear — 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) Frank H Hanligan, M. D.
(Address) Kirkpatrick Bldg.

(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.

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STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 12/28/39

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

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

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)