

2570 JAN 14 1939

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

42350  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001  
(c) City St. Joseph, (d) Street No. 2618 Olive Registered No. 1228  
(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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Guy Fuller,

(a) Residence, No. 2618 Olive St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Mary L. Fuller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman, Buyer  
9. Industry or business in which work was done, as saw mill, bank, etc. Seeds,  
10. Date deceased last worked at this occupation (month and year) December 1938, 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County, Illinois,

13. NAME Newell Olin Fuller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London, Ohio,

15. MAIDEN NAME Mary Scroggin,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton County, Indiana,

17. INFORMANT (ADDRESS) Mrs Wm G. Fuller  
2618 Olive Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE Dec. 10th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bryant & B.  
319 So. 10th Str. Linn

20. FILED 12/10 1938 W. H. Hittich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to Dec 8, 1938

I last saw him alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis chronic Date of onset before May 1938

Other contributory causes of importance:

hypertension primary prostatitis chr. David Know

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Cyan & Tars 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) E. M. Shores, M. D.

(Address) 317 1/2 Park Street, St. Joseph Mo.

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.

11 5 7  
K 14623

**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, Dec. 8, 1938

or by

Registered Apprentice No.  working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address St. Joseph, Mo. (319 S. 10<sup>th</sup>)

**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.**