

REC'D MAR 13 1939

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

5984  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001  
(b) Township f Primary Registration District No. 1001 Registered No. 195  
(c) City St. Joseph (d) Street No. 918 North 20th Street 195 St.  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 460 Nancy Hall Fuller

(a) Residence, No. 918 North 20, St. Joseph, Mo. (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 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 D. P. Fuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1860

7. AGE YEARS 78 MONTHS 6 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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) Dekalb County Missouri

FATHER 13. NAME John Hall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Missouri

MOTHER 15. MAIDEN NAME Janette Ann Clark  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Ohio.

17. INFORMANT Mrs. T. W. Kessels,  
(ADDRESS) 321 N. 15th, St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE March 1, 193919. FUNERAL DIRECTOR Walter Meierhoffer  
(ADDRESS) 1302 Faraon St., St. Joseph20. FILED Feb 28 1939 W. J. Neathush  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939, to Feb 25, 1939I last saw h. or alive on Feb 25, 1939 Death is said to have occurred on the date stated above, at 4:15a.

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

Chronic Myocarditis Date of onsetOther contributory causes of importance: 93CName of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) W. E. Buchanan, M. D.(Address) Kirpatrick Bldg.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

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

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

working under my personal supervision.

Signed.....

*W. H. Kelly*

Licensed Embalmer No. Mo. 3946

**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.)**