

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.

STANDARD CERTIFICATE OF DEATH

State File No. 42417
Registrar's No. 4826

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: General Hospital # 2
(d) Length of stay: In hospital or institution 12-13 to 12-18-39
In this community 2 years 6 months

3. (a) PRINT FULL NAME Emma Fullylove
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race Nepa 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eugene Fullylove 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased 11 2 1878

8. AGE: Years 61 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Natchez Texas

10. Usual occupation mail

11. INDUSTRY OR BUSINESS
MOTHER FATHER { 12. Name Isaac Furlough
13. Birthplace Natchez Texas
14. Maiden name Ida
15. Birthplace Natchez Texas

16. (a) Informant's own signature Reed Clerk
(b) Address Gen. Hosp. # 2

17. (a) Burial (b) Date thereof 12-21-39
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) Dec 21, 1939 (b) McLennan

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. 1 (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1515 E. 24th St. Kansas
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 18
year 39 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-13-1939 to 12-18-1939
that I last saw her alive on 12-18-1939
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm
Duration _____

Due to _____
Due to nil
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. O. Dunne (M. D. or other) _____
Address Gen. Hosp. # 2 Date signed 12-19

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.