

Registration District No. **158 OCT 23 1940 601** Primary Registration District No. **4412** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Carden Point Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** **20**
In this community **75 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
(c) City or town **Carden Point Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **None** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **75 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25th.**
year **1940** hour **12** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May 19 40**
to **Sept 13 40**
that I last saw her alive on **Sept 13 19 40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage
Chronic myocarditis.**
Due to _____
Due to **arteriosclerosis**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Mary Ann Fuller**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **V** years

7. Birth date of deceased **January 6th. 1859**
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **19** If less than one day hr. _____ min.

9. Birthplace **Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **None**

12. Name **Jares Whitters**

13. Birthplace **Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Jane Stuart**

15. Birthplace **N.J.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Ellis Willhite**

(b) Address **Platte City Missouri**

17. (a) **Burial** (b) Date thereof **Sept 27. 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Platte City, Mo.**

18. (a) Signature of funeral director **William Davis**

(b) Address **near 3rd, Missouri**

19. (a) **Sept 27 1940 E. R. Fuller**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
622 (Specify type of place) While at work? **3**
(e) Means of injury
23. Signature **R. J. Peering** D. or other **no**
Address **Wentworth** Date signed **9/25/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

