

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
APR 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9552**
Registrar's No. **961**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **R.C. Gen. Hosp. No. 1**
(If not in hospital or institution, write street number or location) **7 hrs.**
(d) Length of stay: In hospital or institution **7 hrs.** (Specify whether in this community **7** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **1637 Kensington** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Ada Fultz**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
(b) Name of husband or wife **Fred L. Fultz** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **March 25 1884** (Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **12** If less than one day **---** hr. **---** min.

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

10. Usual occupation **Housewife**

11. Industry or business **---**

MOTHER FATHER { 12. Name **William Ray**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Fred L. Fultz**
(b) Address **1637 Kensington**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 10 1940** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys C.**

18. (a) Signature of funeral director **W. C. Brown**

(b) Address **3rd Independence Mo.**

19. (a) **Mar 9 1941** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7th** year **1941** hour **7** minute **15** P. M.

21. I hereby certify that I attended the deceased from **3-7-41** to **3-7-41** that I last saw her alive on **3-7-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Coronary Sclerosis with a cute & a chronic myocardial infarction**
Other conditions **---** (Include pregnancy within 3 months of death)

Major findings: Of operations **---** Of autopsy **See above**
PHYSICIAN **942** 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? (City or town) (County) (State)
(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 **Wm. R. Brown** (M. D. or other) **MD**
Address **Med. Dir. U.C. Gen. Hospital** Date signed **---**

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

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OCT 20 1952

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..... *Ralph E. Mills*

Licensed Embalmer No. *4174*

P. O. Address..... *3rd St. Me.*

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, fact should be so stated above.