

3-2
3-40
7-39
K23159

DEC 22 1941

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 4405

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3516 Summitt Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
(c) City or town Lawrence
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1941 hour 10:15 minute 4 M.
21. I hereby certify that I attended the deceased from Sept. 16,
1941, 1941, to Nov. 28, 1941;
that I last saw him alive on Nov. 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to flow
Due to Secondary Anemia
Ascaris
Other conditions Carcinoma of Oesophagus?
(Include pregnancy within 3 months of death)

Duration

3 mo.

4 mo.?

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 Albert H. Ashinger (M. D. or other) _____
Address 1500 Poplarville Date signed 11/28/41

3. (a) PRINT FULL NAME Mr. Louis F. Fuller

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

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

6. (b) Name of husband or wife Jessie Fuller, deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 23 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Salesman

12. Name Albert Fuller

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

14. Maiden name Lucy Button

15. Birthplace Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. W. Bowen

(b) Address LaSalle Hotel

17. (a) Removal (b) Date thereof 12-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-28-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

1500
0000

on 3rd # 11/11/45
Prattville, Ala
2-4

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 Clarence W. Chiles
Licensed Embalmer No. 3473
P. O. Address No. 2100

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.