S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9822

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1096

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

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: 3003 Holly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Five Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3003 Holly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Fullam
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 1876 (Day) (Year)

8. AGE: Years 65 Months 5 Days — If less than one day hr. min.

9. Birthplace Cameron (City, town, or county) Texas (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Mitchell Hall
(b) Address 1609½ E. 14 st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds
18. (a) Signature of funeral director West, Appleton Jas
(b) Address City
19. (a) 3-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day March year 1942 hour 3 minute 57 P.M.
21. I hereby certify that I attended the deceased from 3-7-, 1942 to 3-8-, 1942 that I last saw her alive on 3-7-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Senility 93 d
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
unknown

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

22. If death was due to external causes, fill in the following: no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F. O. Haugh (M. D.)
Address 2200 Gen 18 Date signed 3/17/42

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(Licensed Embalmer's Statement on Reverse Side)

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 D. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City Mo

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.