

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6071
703
Registrar's No. _____

FILED FEB 24 1944

Registration District No. 199 Primary Registration District No. 1002

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:
General Hospital No. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-5-44-2-6-44
(Specify whether years, months or days)

In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARYELLA FUELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Fuell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 29 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 1 7 _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Henry Gibson

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

14. Maiden name Mary Tolbert

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 2/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Starkins Bros.

(b) Address 1729 Lydia

19. (a) 2-12-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 2436 Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1944 hour 8:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 5, 1944, to February 6, 1944
that I last saw her or alive on February 6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic, Lobar Pneumonia

Due to Decompensating heart disease

Due to _____

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

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Gen. Hosp. #2 600 E. 22nd Date signed 2/9/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.