

FILED JUN 29 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2541

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether  
In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2626 College  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles D. Fuller

3. (b) If veteran, name war No

3. (c) Social Security No. 499-14-3741

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th  
year 1944 hour 6 minute 40 P. M.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Cornelia Fuller 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: March, 14th 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-8-1944, 19   to 6-15-1944, 19  ;  
that I last saw him alive on 6-15-1944, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

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

74 3 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Perforated appendix with abscess formation.  
Due to Intestinal obstruction

Due to \_\_\_\_\_

9. Birthplace: Moberly, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Mechanic

Other conditions (Include pregnancy within 3 months of death) 121:1

Major findings:  
Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name Jerry Fuller

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

14. Maiden name Jennie Bivins

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

Of autopsy See above

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

16. (a) Informant Mrs. Kate Dickson

(b) Address 2626 College Avenue

17. (a) Burial (b) Date thereof 6-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington, Mo.

18. (a) Signature of funeral director Freeman Mortuary  
104 West 42nd Street, K.C., Mo.

(b) Address \_\_\_\_\_

19. (a) 6-16-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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 A. E. Upsher (M. D. or other) M.D.  
Med. Dir. K.C. Gen. Hospital  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

0780

**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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**