

Registration District No. 126 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
13th and Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1509 Missouri (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Nelson Fuller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 22, year 1944 hour 7 minute 0 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amanda Fuller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 22, 1868
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Duration _____

8. AGE: Years Months Days If less than one day
76 8 0 hr. min.

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

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business _____

Major findings:
Of operations § 3a!
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name John C. Fuller
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lamanda Catherine Herein
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Fuller
(b) Address 1509 Missouri, Joplin, Mo.
17. (a) burial (b) Date thereof 10/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Ozark Memorial Park
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 10-1-44 (b) Justine S. Hunter
(Date received local registrar) (Registrar's signature)

23. Signature P. A. Hunter (M. D. or other) 9
Address Carthage, Mo. Date signed Oct 1

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

9
10
11

44-10-807

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.