

FILED July 16 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 113

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 201 S. Clark - 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. Fuller

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 13 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Henry Fuller
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Elliott
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant R W Harlan
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof June 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Sow

(b) Address Moberly Mo

19. (a) 6-14-45 (b) Shirley Hume
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1-8, 1945 to 6-12, 1945
that I last saw him alive on 6-12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Colitis
Myocarditis

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R W Williams (M. D. _____)
Address Moberly Mo. Date signed 6-13-45

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

1086

RECEIVED

District Health Officer No. 10

District File Number 7-45-1072

Date Filed JUL 13 1945

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.