

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**FILED** FEB 25 1946

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**4883**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Cass Registration District No. 59  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4099 Registered No. 25  
 (c) City Pleasant Hill (d) Street No. 1 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Edna Jenevieve Fuller

(a) Residence, No. 502 Cedar St. Pleasant Hill St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1869</u>		
7. AGE	YEARS	MONTHS
<u>76</u>	<u>10</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>clerk</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Western Union</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill</u> <u>CASS</u>		
13. NAME <u>James Fuller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Jennie James</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
17. INFORMANT (ADDRESS) <u>Mrs T. E. VanHoy</u> <u>Pleasant Hill, Missouri</u>		
18. BURIAL PLACE <u>Pleasant Hill</u> DATE <u>Feb 15</u> 19 <u>46</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Allen Brownfield</u> <u>Pleasant Hill</u>		
20. FILED <u>Feb 18</u> 19 <u>46</u> <u>Laura J. Jones</u> <u>Local Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1946

22. I HEREBY CERTIFY, That I attended deceased from May 28 1945 to Feb 13 1946  
 I last saw her alive on Feb 13 1946 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterial Tension  
 Date of onset Nov 10  
2 yrs

Other contributory causes of importance:  
Arterial Hardening

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) G. A. Athens, M. D.  
 (Address) Pleasant Hill mo

51

(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.....

*James C. Wallace*

Licensed Embalmer No.....

*3921*

P. O. Address.....

*Pleasant Hill, 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, above space should be left blank.**