

2 No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 26317
Registrar's No. 970

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1815 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Lafayette //
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John William Fuller
3. (b) If veteran, No name war.....
3. (c) Social Security No. 497-12-2449

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eva Fuller
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 7 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Motorman
11. Industry or business Street Railway Co.

MOTHER FATHER
12. Name Thomas Fuller
13. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Smith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hawley H. Fuller
(b) Address St. Joseph, Mo.
17. (a) Burial (b) Date thereof 8/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Heaton, Beale & Burdman
(b) Address St. Joseph, Mo.
19. (a) Aug. 31, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1946 hour 9 minute 15 P
21. I hereby certify that I attended the deceased from Mar. 15 to Aug. 27 1946
that I last saw him alive on Aug. 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration 1 day
Due to chronic hypertension
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: 939
Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 8/27/46

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

25163

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(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..... *Eugene Wood*.....
Licensed Embalmer No. *5804*.....
P. O. Address *34th St. St. Joseph, 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.