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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9074

Registrar's No. 1389

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: Wheatley Provident Hosp'l (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4319 Washington (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Fulton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Joe Fulton

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept. (Month) 15, (Day) 1861 (Year)

8. AGE: Years 85 Months 6 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cateress

11. Industry or business

FATHER 12. Name Robert Samuels 9

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

MOTHER 14. Maiden name Charity Leavel

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

16. (a) Informant Eleanor Howell

(b) Address 4319 Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/ 25/ 47 (Month) (Day) (Year)

(c) Place: burial or cremation Leavensworth, Kansas

18. (a) Signature of funeral director Williams-Holmes

(b) Address Leavensworth, Kansas

19. (a) 3-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25th year 1947 hour 3:00 PM minute ____ M.

21. I hereby certify that I attended the deceased from 2 December 1946, to 25 March 1947, that I last saw her alive on 25 Mar 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 3½ yrs

Due to

Due to

Other conditions Diabetes mellitus (Include pregnancy within 3 months of death) — 17 yrs.

Major findings:
Of operations 61
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] MD (M. D. or other)

Address 1002 Professional Bldg Date signed 25 Mar 47

(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.

This body was not embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.