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K36671

FILED JUN 23 1947

Registration District No. 177 Primary Registration District No. 1002

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 2509 Aline
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2509 Aline
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Fuller

3. (b) If veteran, name war NO

3. (c) 902 14-9913
No. CONFIRMED

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 year 1947 hour 7 minutes 15 P.M.

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Sisra Sisra

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 5-9-1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Deputy Coroner 1947 to 1947 that I last saw him alive on 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1</u>	<u>1</u>	hr. min.

Immediate cause of death Internal Hemorrhage

Due to Multiple Gun Shot wounds

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

10. Usual occupation LABOR.

Other conditions (Include pregnancy within 3 months of death) 168

11. Industry or business

12. Name George Fuller

13. Birthplace S.C.
(City, town, or county) (State or foreign country)

14. Maiden name Bette Green

15. Birthplace S.C.
(City, town, or county) (State or foreign country)

Major findings: 168

Of operations _____

Of autopsy no-Permit

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Price Fuller

(b) Address 1309 Aline

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 6-14-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Conway, ARK.

18. (a) Signature of funeral director BRADY BROWN

(b) Address 1708 3rd

19. (a) 6-14-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Justifiable Homicide

(b) Date of occurrence 6-10-47

(c) Where did injury occur? K.C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - 2509 Aline

While at work? no (Specify type of place) (e) Means of injury Gun Shot

23. Signature Fuller (M. D. or other) 168

Address 2634 Brooklyn Date signed 6-13-47

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

MOTHER, FATHER

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 *C. J. West.*
Licensed Embalmer No. 2710
P. O. Address Kansas City, 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.

Registration District No. 149

Primary Registration District No. 1002

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: 2509 Olive
(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

3. (a) PRINT FULL NAME Louis Duller

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-14-9913

4. Sex _____

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-20945