No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16328

FILED JUN 7 1948 Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2189

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town K. C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hours (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Locust 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Pearl Ruth Fuller
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Aaron Fuller
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 1 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Eugene Ross 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Aaron Fuller
(b) Address 622 Locust St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 25 48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E 18th St
19. (a) 5-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
Of autopsy No Permit

Duration

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] (M. D. or other)
Address 2636 Brooklyn Date signed 5-24-48

(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 F. B. Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E/C st.

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.