

K J Bannion

State File No. 33569

FILED NOV 13 1948

Registration District No. 221

Primary Registration District No. 4331

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Jonestown MO  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Jonestown MO (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Mary Fullrich

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 5

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Feb 27 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bas Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

12. Name Samuel Suggsburger

13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

14. Maiden name Hausner

15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Alma Reynolds

(b) Address Jonestown MO

17. (a) Burial (b) Date thereof Nov 7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist cemetery

18. (a) Signature of funeral director Chas. Fullrich

(b) Address Jonestown MO

19. (a) Nov 13-1948 (b) Yada M Snow  
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1948 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 3 1948 to Nov 5 1948  
that I last saw her alive on Nov 4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 108

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 2

23. Signature K J Bannion (M.D. or other) DO  
Address Colt Garcia MO Date signed 11/8/48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8000

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 10 1948

JUN 14 1955

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 *M. E. Fuchsinger*  
Licensed Embalmer No. *2854*  
P. O. Address *California Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.