S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35493

FILED DEC 14 1948

Registration District No. 2

Primary Registration District No. 5010

Registrar's No. 291

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4 mi north Savannah 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 78 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Benton Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi north Savannah 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Milas Fuller

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Emma Fuller 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept (Month) 19 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Andrew Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Milas Fuller sr 0
13. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nannie Butcher
15. Birthplace Un Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Emma Fuller
(b) Address Savannah Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bolckow

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo

19. (a) 12-2-48 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1948, to Nov 28, 19..., that I last saw him alive on Nov 26th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis (Interstitial)	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 P. R. Kelley (M. D. or other)
Address Savannah Mo Date signed 11-29-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Lawrence 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.