

# STANDARD CERTIFICATE OF DEATH

28047

State File No. ....

FILED AUG 30 1952

3676

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

**I. PLACE OF DEATH**

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 47 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 4311 McGee

**3. NAME OF DECEASED**

a. (First) John b. (Middle) WILLIAM c. (Last) Fullenwider

4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 52

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JULY 1 - 1897 9. AGE (in years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY K. O. TERMINAL R.R.

11. BIRTHPLACE (City and State or Foreign Country) KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT E. FULLENWIDER 13b. MOTHER'S MAIDEN NAME MARY CARNEY 14. NAME OF HUSBAND OR WIFE FLORENCE FULLENWIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 703-03-9128

17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Fullenwider ADDRESS 9311 McGEE ST. KANSAS CITY, MO.

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) Broncho-pneumonia; cerebral encephalomalacia; (b) general arteriosclerosis

**ANTECEDENT CAUSES** lomagia; (c) general arteriosclerosis

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

**II. OTHER SIGNIFICANT CONDITIONS:** 33  
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 23, 1952, to Aug. 15, 1952, that I last saw the deceased alive on Aug. 15, 1952, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) \_\_\_\_\_ 23b. ADDRESS 24th & Cherry Sts. 23c. DATE SIGNED 8-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG-18-1952 24c. NAME OF CEMETERY OR CREMATORY FOREST HILLS CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG. 8-18-52 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer ADDRESS 3315 BAY CREEK KANSAS CITY, MO.

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

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *Edward M. Storey*

Licensed Embalmer No. ....

P. O. Address .....

Student .....  
Student Embalmer

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.