

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9617

State File No. \_\_\_\_\_

APR 15 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1026

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:  
Home --719 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 18 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 719 Highland St.  
(If rural, give location) U  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th,  
year 1941 hour 2 minute 30 M.  
21. I hereby certify that I attended the deceased from Mar 10/41  
to Mar 11 1941  
that I last saw him alive on Mar 10 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis  
Duration 5 or 6  
hrs.

3. (a) PRINT FULL NAME Issac A. Fuller

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Fuller 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Aug. 12th 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
1829

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

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Albert Fuller  
(b) Address 2034 North 14th, K. C. K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13th (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Rose & Henderson  
(b) Address K. C. MO.

19. (a) March 12 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_

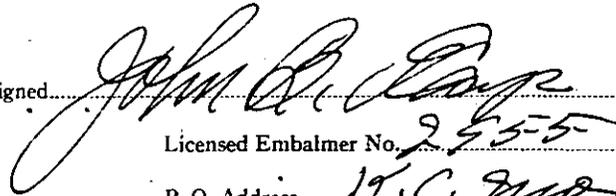
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Crowe M.D. (M. D. or other)  
Address 1303 Waldwinville Date signed 3/13/41

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 255-5

P. O. Address 17 C. 9110

**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.**