

2971

S. No. 2  
1-9-41  
5-17-39  
PI X29484DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1943  
Registration District No. 250

Primary Registration District No. 4373

Registrar's No. 30

## 1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Barnard  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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..... 25 yrs. (Specify whether  
years, months or days)3. (a) PRINT  
FULL NAMEHomer Jack Fuller

## 3. (b) If veteran,

name war.....

## 3. (c) Social Security

No.....

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married,  
divorced married6. (b) Name of husband or wife Alice Rocco Fuller 6. (c) Age of husband or wife if  
alive 42 years7. Birth date of deceased November 26 1899  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
43 01 18 hr. min.9. Birthplace Barnard Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation farmer11. Industry or business general farming12. Name James Jackson Fuller13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Eda Patience Carter15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alice Fuller(b) Address Barnard, Mo.17. (a) burial (b) Date thereof 1-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Barnard Mo.18. (a) Signature of funeral director Campbell Funeral Home(b) Address 957 South Main, Marshall, Mo.19. (a) 1-6-43 (b) W. R. Barker  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Barnard  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
year 1943 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from....., 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..... Duration

Pulmonary EmboliDue to Lobar Pneumonia

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Cerebral thrombosis and  
Of operations autopsyOf autopsy Lobar Pneumonia  
Pulmonary edema + emboli

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)

(c) Means of injury.....

23. Signature W. R. Barker (M. D. or other)Address Marionville, Mo. Date signed 1-6-43

1293

(Licensed Embalmer's Statement on Reverse Side)

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

74  
0  
0

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

NOV 24 1958

**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

*W. H. Campbell*

Licensed Embalmer No.

*2620*

P. O. Address

*Marquette, 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.**