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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36962**
Registrar's No. **4934**

FILED DEC 9 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(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: **General Hospital No. 10**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr. 4 mos. 24 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Robert Fuller**
3. (b) If veteran, name war: **no**
3. (c) Social Security No. **no record**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife: **Grace W. Fuller**
6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased: **Nov 6 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **0** Days **18**
If less than one day hr. min.

9. Birthplace: **Princeton Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Radio Repair**

11. Industry or business

MOTHER FATHER

12. Name: **Robert Winton Fuller**
13. Birthplace: **Va.**
(City, town, or county) (State or foreign country)
14. Maiden name: **Lillian Leo**
15. Birthplace: **Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Grace W. Fuller**

(b) Address: **111 No. Gladstone**

17. (a) **Interment** (b) Date thereof: **Nov. 26 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **burial or cremation** **Elmwood Cegr.**

18. (a) Signature of funeral director: **H. Blackman, Son**
(b) Address: **Kansas City Mo.**

19. (a) **11-25-46** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

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.: **543 Benton**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **24**
year **1946** hour **9** minute **40 P.M.**
21. I hereby certify that I attended the deceased from
June 30 1945 to Nov. 24 1946
that I last saw h. **im** alive on **Nov. 24 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of mouth with metastases**
Due to
Due to
Other conditions: **450**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: **None**
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: **Wm W. Hart** (M. D. or other) **MD**
Address: **Med. Dir. Gen'l Hosp.** Date signed: **11-25-46**

the body

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 *O.K. McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City 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.