

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7936**

**FILED MAR 31 1947**  
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **413**

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1405 Dewey Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 65 years.  
years, months or days

3. (a) PRINT William Henry Fuller  
FULL NAME

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 Widowed

6. (b) Name of husband or wife Ella McKowan Fuller

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 20 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>6</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Retired Candy Maker  
National Biscuit Co.

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

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Thomsen

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/22/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heator Bowman

(b) Address St. Joseph, Mo.

19. (a) 3-25-47 (Date received local registrar)

(b) K. G. Jenkins (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1620 North 2nd St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 20  
year 1947 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1946 to March 20, 1947  
that I last saw him alive on March 19, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral apoplexy 25 hrs

Due to \_\_\_\_\_

Hypertension & atherosclerosis

Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature Lera Beckwith (M. D. or other)

Address King Bldg St Joseph Mo. Date signed 3/24/47

**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 Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 319 So 10th, St Joseph, 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.**