

S. No. 2  
M-5-43  
5-17-39  
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UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

40834

State File No. \_\_\_\_\_  
Registrar's No. 208

FILED JAN 12 1948

Registration District No. 27

Primary Registration District No. 3000

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

1. PLACE OF DEATH:  
 (a) County Bates  
 (b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
South Main Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Bates  
 (c) City or town Butler  
(If outside city or town limits, write "RURAL")  
 (d) Street No. South Main St.,  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER SAMUEL FULLER SR.  
 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 Married  
 6. (b) Name of husband or wife Edith Fuller  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased August 6, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Implement dealer

11. Industry or business \_\_\_\_\_  
 12. Name S. W. Fuller  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laura J. Fuller  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Fuller (Wife)  
 (b) Address Butler, Missouri  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Culver-Hill  
 18. (a) Signature of funeral director Culver-Underwood  
 (b) Address Butler, Missouri  
 19. (a) 12-29-47 (Date received local registrar) (b) Hendall Perry (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 26th  
 year 1947 hour 10:00 minute \_\_\_\_\_ AM \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 22, 1947, to Dec 26, 1947  
 that I last saw him alive on Dec 25, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis  
 Due to \_\_\_\_\_  
Thrombosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
Q & A

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 Walter N. Butler (M. D. or other) MD  
 Address Butler, Mo. Date signed 12/27/47

RECEIVED

District Health Officer No. 7,

District File Number 12-47-2065

Date Filed 1-10-27

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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.....

Bennett H. Cook

Registered Apprentice No. 471

working under my personal supervision.

Signed.....

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.