

No. 2
5-43
5-17-39
I X36671

FILED FEB 9 1948
Registration District No. 018

Primary Registration District No. 1003

Registrar's No. 809

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Pacific Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 weeks.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri, (b) County..... 51
 (c) City or town..... Warrensburg, 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 216 n Ming Street, 2
N.R., (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No) 1
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN CHAUNCEY FULLER
 3. (b) If veteran, name war No.
 3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23
 year 1948 hour 7 minute 55 P.M.
 21. I hereby certify that I attended the deceased from JAN
5 1948 to JAN 23 1948
 that I last saw him alive on JAN 23 1948
 and that death occurred on the date and hour stated above.

4. Sex Male. 5. Color or race White.
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife..... May C. Fuller,
 6. (c) Age of husband or wife if alive..... 69. years
 7. Birth date of deceased..... September 3, 1863.
(Month) (Day) (Year)

Immediate cause of death.....
ARTERIOSCLEROTIC HEART DISEASE
 Due to..... 93
 Due to.....
 Other conditions GANGRENE RT FOOT
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84. 4. 20. hr. min.

PHYSICIAN
 Major findings: GANGRENE RT FOOT
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

9. Birthplace..... Pleasant Hill, Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Retired.. Missouri Pacific Agent.

MOTHER FATHER
 11. Industry or business.....
 12. Name..... James Fuller.
 13. Birthplace..... England.
(City, town, or county) (State or foreign country)
 14. Maiden name..... Jennie Martin.
 15. Birthplace..... Unknown.
(City, town, or county) (State or foreign country)

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?
(Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature..... John Vandover (M. D. or other) md
 Address..... 1755 So Grand Date signed 1/24/48

16. (a) Informant..... Mrs May C. Fuller.
 (b) Address..... Warrensburg, Missouri.
 17. (a) Removal. (b) Date thereof..... 1/24/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Warrensburg, Missouri.
 18. (a) Signature of funeral director..... C. R. Lupton & Sons.
 (b) Address..... #7233 Delmar Blv'd.
 19. (a) JAN 27 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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

MAR 2 1948

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond L. Morris*

Licensed Embalmer No. *4330*

P. O. Address. *Maplewood, Ill*

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.