

Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (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:  
4239 East 13th St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 7 Years years, months or days)

**3: (a) PRINT FULL NAME** Herman Langston Fuller  
 3. (b) If veteran, name war World War I 3. (c) Social Security No. 444-16-8206

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mattie Fuller 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased April 8, 1895  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
53 4 2 hr. \_\_\_\_\_ min.

9. Birthplace Honeygrove, Texas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

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

**MOTHER FATHER**  
 12. Name George B. Fuller  
 13. Birthplace Texas 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name Donna Smith  
 15. Birthplace Texas 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Fuller  
 (b) Address 4239 E. 13th St.

17. (a) Burial (b) Date thereof 8-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Richard Ross  
 (b) Address 1729 S. 4th St.

19. (a) 8-13-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4239 East 13th St. 80  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month August day 10  
 year 1948 hour 2 minute A M.  
 21. I hereby certify that I attended the deceased from 4 Aug  
19 48 to 10 Aug 19 48  
 that I last saw him alive on 9 Aug 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive heart failure Duration 2 hrs  
 Due to Hypertensive Heart Disease  
 Due to None  
 Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 938  
**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 George W. Duff (M. D. or other) Aug 14 1948  
 Address 2123 E. 15th St Date signed \_\_\_\_\_

*Dr. J. J. Manlove*  
SEP 8 1949

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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 *J. J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.**