

FILED JAN 30 1943

Registration District No. 49

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:  
3716 East 70th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dr. Frank Reeves Fullerton, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 491-20-9278

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Cora M. Fullerton 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 8 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 3 10 hr. min.

9. Birthplace Princeton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business M. D.

12. Name Dr. Thomas M. Fullerton

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

14. Maiden name Fanetta Reeves

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

16. (a) Informant Mrs. Cora M. Fullerton  
(b) Address 4217 East 67th Street

17. (a) Burial (b) Date thereof Jan. 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.H.H.H. Memorial Park Cemetery

18. (a) Signature of funeral director W.H.H.H. Memorial Park Cemetery  
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-19-43 (b) M. M. Brown  
(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. 4217 East 67th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to 94a

Other conditions 5. Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 B. C. Livingston (M. D. or other) M.B.  
Address 6244 Cooper St. Kansas City, Mo. Date signed Jan 18 1943

6944 Dracopis  
1-4-7-9

**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, *Elmer Shivers*  
Licensed Embalmer No. *2640*  
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.**