

DEC 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 156 File No. 40935
Township Harrisonville Primary Registration District No. 409a Registered No. 18
City Harrisonville No. Memorial Hosp St. Mo Ward

2. FULL NAME

Alice Furneyhough
(a) Residence, No. St. Ward. Travel Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernie Furneyhough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1867
7. AGE YEARS 70 MONTHS 19 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as Home maker sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Samj Pomyhough (ADDRESS) Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient DATE 11/15 1937

19. UNDERTAKER Rummenburger Bros (ADDRESS) Harrisonville Mo

20. FILED Dec 1937 Edna Guffert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1937

I HEREBY CERTIFY, That I attended deceased from Nov 12 1937 to Nov 15 1937
I last saw her alive on Nov 14 1937 Death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis 1 year
Other contributory causes of importance: None

Name of operation None Date of Nov 15
Where was the body examined? None Where an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Nov 15

Where did injury occur? Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify.....

(Signed) Edna Guffert M. D.
(Address) Garden City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

