

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Independence Primary Registration District No. 3099  
 City Independence (No. Independence, Sanitarium St. 10 Ward)

File No. 2976

Registered No. 10

**2. FULL NAME**

Fred Furichaus Jr. 2.00  
 (a) Residence, No. Route 5, Independence, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child (write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or 15 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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 \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

FATHER 13. NAME Fred Furichaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo

MOTHER 15. MAIDEN NAME Katharine Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Mo

17. INFORMANT (ADDRESS) Fred Furichaus  
Route 5, Independence, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 7 1938

19. UNDERTAKER (ADDRESS) Geo. G. Brown  
207 - 1st St. Independence, Mo

20. FILED 1-11- 19 38 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 7 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1938, to Jan 7 1938

I last saw him alive on Jan 7 - 1938. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasia

Date of onset

Other contributory causes of importance:

Mal position - precipitated labor one of twins

Name of operation none Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1938

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

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓  
 (Signed) C. H. Allen, M. D.

360 (Address) 306 - First National Bk. Bldg. Independence Mo

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

9.30  
1 hr.

11 P.M. Jan 6

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2976  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township..... Primary Registration District No. 3019 Registered No.....  
 (c) City Independence (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Fred Twiehaus St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) chd

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 to Jan 7, 1938

I last saw him alive on Jan 7, 1938. Death is said

to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

Baby born an asphyxia neonatal - fully resuscitated - finally breathed - placed in respirator - and lived until 5:30 AM & died

Other contributory causes of importance:

McE presentation - Back presentation & delivered lambled up - so

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. N. Allen M. D.

(Address) 306 First Natl Bank Bldg

Independence - Mo

SUPPLEMENT

1938  
S-2976