REC'D JUN 14 1938

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

17716
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 10 — Registered No. 491
(c) City St. Joseph, (d) Street No. 2227 Jule 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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie B. Furry, 6 [illegible]
(a) Residence, No. 2227 Jule 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1872,
7. AGE: YEARS 65 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Dry Goods,
10. Date deceased last worked at this occupation (month and year) May 1930,
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Funkstown, Maryland,

FATHER
13. NAME Thomas E. Furry,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown, Maryland,

MOTHER
15. MAIDEN NAME Madala Bowman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Funkstown, Maryland,

17. INFORMANT (ADDRESS) Mrs. Bertha G. Johnson 2227 Jule Street.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery May 4th. 1938
19. FUNERAL DIRECTOR (ADDRESS) Nieton Bryole & Bowman 319 So. 10th. Str. Funeral Home
20. FILED 5/4 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1938, to May 3, 1938
I last saw her alive on May 2, 1938. Death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr	4 mo.
54'	

Other contributory causes of importance:
Diabetes Mellitus
arteriosclerosis

Name of operation ..... 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 ....., 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? no
If so, specify .....
(Signed) L. H. Fisher, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I-4735

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself May 3 r

L. E.

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply wit the above constitutes grounds for revocation of license.)