

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

43355
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 317
 (b) Township Republic Primary Registration District No. 4192
 (c) City Republic (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 600 Edward Ernest Fuhr St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna Fuhr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cannery Mach.
 9. Industry or business in which work was done, as saw mill, bank, etc. Canning Factory
 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) Illinois

FATHER 13. NAME John E. Fuhr

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

MOTHER 15. MAIDEN NAME Phillips

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

17. INFORMANT (ADDRESS) A. L. Fuhr

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE _____ 19 _____
Greenlawn Cem.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. E. Thurman & Co.
Republic Mo.

20. FILED Dec 21 1939 Mrs. Bertha Dean Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1939

22. I HEREBY CERTIFY That I attended deceased from Dec. 18 1939 to Dec 19 1939

I last saw him alive on Dec 19 1939 Death is said to have occurred on the date stated above, at 9:00 m.

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

Arteriosclerosis. Jejunum of heart.

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) M. S. French M. D.
Republic Mo. (Address)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.