

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 3631Registration District No. 773Primary Registration District No. 6018ARegistrar's No. 13

1. PLACE OF DEATH:

- (a) County St. Francois
 (b) City or town Farmington ST. FRANCOIS
 (If outside city or town limits, write "RURAL" and name of town)
 (c) Name of hospital or institution:
State Hospital Number Four
 (If not in hospital or institution, write street number or location) 3
 (d) Length of stay: In hospital or institution 6 Days
 (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME James Willard Furlong

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Virginia Fields 6. (c) Age of husband or wife if alive --- years7. Birth date of deceased October 18, 1913
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
26 3 5 hr. _____ min.9. Birthplace Crosno Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Furlong13. Birthplace Crosno Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Lewis15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Records of State Hosp. #4(b) Address Farmington, Missouri17. (a) Burial (b) Date thereof 1-24-1940
(Burial, cremation, unobserved) (Month) (Day) (Year)(c) Place: burial or cremation Charleston, Mo.18. (a) Signature of funeral director Helby Undertaking Co.(b) Address East Prairie, Mo.19. (a) Jan 23-40 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Mississippi
 (c) City or town Wyatt
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1940 hour 4:30 A.M. minute _____ M.21. I hereby certify that I attended the deceased from
Jan 17, 1940 to Jan. 23, 1940;that I last saw him alive on Jan 22, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Mental Deficiency Duration
with psychosis (Schizophrenia)
pattern - Terminal explanationDue to Terminal Septicemia - chronic
bronchitis - old emphysemaDue to left eye - (1-11-40 Bone Mass)
mental deficiency (reason)Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations none 34Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

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? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature G. Tivis Graves, Jr. (Specify type of place) (M. D. or other) M. D.
While at work? _____ (e) Means of injury _____Address Farmington, Missouri Date signed _____

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

Travis N. Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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, above space should be left blank.