

FILED MAR 11 1940

Registration District No. 59

Primary Registration District No. 1002

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.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Unknown
 In this community 66 years.
 years, months or days

3. (a) PRINT FULL NAME Frank Furgason
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cordelia M. Furgason
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 14 1873
 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 21
 If less than one day hr. min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation X Insurance

11. Industry or business X

MOTHER FATHER
12. Name F. M. Furgason
13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
14. Maiden name Laura Branham
15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Cordelia Furgason
(b) Address 4144 Warwick Blvd., K. C., Mo.
17. (a) burial (b) Date thereof 2-6-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Feb. 5, 1940 (Date received local registrar)
M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
0 (d) Street No. Phillips Hotel
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 5th,
 year 1940, hour 12:25 minute A. M.
21. I hereby certify that I attended the deceased from
July 30, 1919, to Feb 5, 1940
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Insufficiency
hypertension
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
arteriosclerosis
Major findings: Of operations _____
 Of autopsy yes - Rupture
Feb 5 - 1940

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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) _____
 While at work? (e) Means of injury _____
28. Signature Emil W. Brown (M. D. or other) md
 Address 925 Argyle Bldg Date signed Feb 5 1940

Duration
PHYSICIAN
 Underline the cause to which death should be charged statistically.

Dr. Paul Moss
Dr. Ernest W. Gaveness

V.I. 9/2-1
Bryant-Bldg
No 3424
Apple Bldg

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

H. Allen

Licensed Embalmer No. 1410

P. O. Address K. C. Md.

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.