No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15984

Registration District No. 804 Primary Registration District No. 6049 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Schuyler

(b) ~~City or town~~ Greentop Salt R Tp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greentop Missouri 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 55yr.

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

(c) ~~City or town~~ Greentop 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edgar Thomas Furnish

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Minnie Pearl Furnish

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November (Month) 24- (Day) 1885 (Year)

8. AGE: Years 55 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Schuyler Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Insurance salesman

FATHER
12. Name Robert Preston Furnish
13. Birthplace Adair County, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary E. McNurlen
15. Birthplace Adair Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Minnie P. Furnish

(b) Address Greentop Missouri

17. (a) Greentop Cemt. (Burial, cremation, or removal) (b) Date thereof May 2 (Month) (Day) 1941 (Year)

(c) Place: burial or cremation Greentop Cemt.

18. (a) Signature of funeral director D E Riley 4

(b) Address Kirksville Mo.

19. (a) May 6 1941 (Date received local registrar) (b) Mrs O P Farrington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1 year 1941 hour 1 minute 49 A.M.

21. I hereby certify that I attended the deceased from January 30, 1941, to May 1, 1941, that I last saw him alive on May 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs. Duration 90 days

Due to —

Due to — 47 P

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

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? (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

23. Signature Callan Ordal (M. D. or other) FDO

Address Greentop, Mo Date signed 5-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-864
Date Filed ~~MAY 8 1941~~ MAY - 8 1941

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 D V Riley

Licensed Embalmer No. 4181

P. O. Address Hinkmulle MO -

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

If this body is not embalmed, fact should be so stated above.