

Registration District No. **653**

Primary Registration District No. **5871**

Registrar's No. **57**

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Deering, (Braggadocio Twn)**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **6 Months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Deering. (Rural)**
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME **William C. Furgerson**

3. (b) If veteran, name war **no** **3. (c) Social Security** No. **none**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Florence Furgerson** **6. (c) Age of husband or wife if alive** **3-8** years

7. Birth date of deceased **Dec 3 1880**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Selmer, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **None**

12. Name **William Furgerson**

13. Birthplace **Selmer, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Janie Cole**

15. Birthplace **Selmer, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs A.L. Furgerson**

(b) Address **Caruthersville, Mo.**

17. (a) (Burial, cremation, or removal) **Burial** **(b) Date thereof** **9/5.1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

18. (a) Signature of funeral director **J.L. German**
(b) Address **Steele, Mo.**

19. (a) (Date received local registrar) **9/6/41** **(b) (Registrar's signature)** **Dearl Kelley**
9/14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4** year **1941** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **June** 1941, to **Sept 4**, 1941, that I last saw him alive on **Aug 22**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left cheek**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Fred L. Divilvie** (M. D. or other) **10/7/41**
Address **Caruthersville, Mo.** **Date signed** **9/5/41**

Duration **45 yrs**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

78
0
0

78
0
0

0

9-41-23

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

William C. Shelton

Licensed Embalmer No.

3929

P. O. Address

Steele, 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.