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-41
-39
K28390

FILLED OCT 27 1941

4553

Registration District No. 2

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston *Mo*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott *100*

(c) City or town Sikeston *2*
(If outside city or town limits, write "RURAL")

(d) Street No. 312 Greer Ave *20*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Noble Edward Fuchs

3. (b) If veteran, name war None 3. (c) Social Security No. 489-09-8926

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife FRANCES FUCHS 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 6 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>9</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1941 hour 2 minute 10 P.: M.

21. I hereby certify that I attended the deceased from Sept 1940 19 to Sept 15 1941
that I last saw him alive on 15 Sept 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the left lung. *1 day*

Due to _____

Due to _____

Other conditions Heart disease 1 day
(Include pregnancy within 3 months of death)

Major findings Grow left lung

Of operations _____

Of autopsy HFD

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

10. Usual occupation Manager of Lumber Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham Fuchs

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Caroline Schamel (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward Fuchs Jr.

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 17 - 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H.J. Welsh

(b) Address Sikeston, Mo.

19. (a) Oct 3, 41 (Date received local registrar) (b) Scott Greenell (Registrar's signature)

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 Howard C. McChesney (M. D. or other)

Address Sikeston, Mo. Date signed 10-7-41

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

OCT 2 0 1944

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.....

Raymond Crews

Licensed Embalmer No.....

3467

P. O. Address.....

Liberton 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, fact should be so stated above.