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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38651

State File No.

Registration District No. 457 Primary Registration District No. 5621B Registrar's No. 19

1. PLACE OF DEATH:

(a) County LAFAYETTE TWP
(b) City or town FREEDOM TWP EMMA MO
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 34
(c) City or town EMMA MO 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME FRED FUEHRING

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE U

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ OF SOPHIE FUEHRING

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JULY (Month) 25 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 19 If less than one day hr. min.

9. Birthplace STOVER MO 4
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business ✓

FATHER
12. Name HENRY FUEHRING
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE FISCHER
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS FRED FUEHRING
(b) Address EMMA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 16 (Day) 1941 (Year)
(c) Place: burial or cremation HOLY CROSS CHURCH

18. (a) Signature of funeral director E S James
(b) Address Concordia Mo

19. (a) NOV 14-41 (Date received local registrar) (b) Ferdinand Shryman (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14
year 1941 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 30, 1939 to November 14, 1941
that I last saw him alive on November 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatoid Arthritis — Duration About 10 yrs.

Due to Acute Myocarditis — 2 wks

Due to Rheumatoid Arthritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 59a

Of 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? (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 A H Ringen (M. D. ~~or other~~)
Address Sweet Springs, Mo. Date signed 11-14-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 12-4-41

NOV 6 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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.