

JAN 10 1942

Registration District No. 907

Primary Registration District No. 62204548

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSFIELD, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT  
(c) City or town MANSFIELD, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOXA ANNIS FUGE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife WILLIAM FUGE 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased. APR 26 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WRIGHT COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name WILLIAM WAITERS  
13. Birthplace ARKANSAS  
14. Maiden name MATILSA CUNNINGHAM  
15. Birthplace WRIGHT Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Fuge  
(b) Address MANSFIELD MISSOURI

17. (a) BURIAL (b) Date thereof DEC 24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD CEM.

18. (a) Signature of funeral director B. A. Steffe

(b) Address MANSFIELD, MO.

19. (a) DEC 24, 1941 (b) J. M. D. Shortt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1941 hour 11 minute 15A M.

21. I hereby certify that I attended the deceased from 3-9 1931 to Dec 22 1941;  
that I last saw her alive on Dec 22 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Serobitus Melites Duration 10 hr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

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 J. A. Fuge (M. D. or other) \_\_\_\_\_

Address Mansfield Date signed 12-23-41

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

114  
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RECEIVED

District Health Officer No. 6,

District File Number 142-64

Date Filed JAN 8 1942

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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 W. A. Stoffe

Licensed Embalmer No. 3221

P. O. Address Manfield 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.**