. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36205

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4411

1. PLACE OF DEATH:

(a) County ~~Lafayette~~ JACKSON

(b) City or town ~~Emma~~ K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 ~~Hosp~~ St Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LAFAYETTE 54 0

(c) City or town EMMA 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Norma Jane Fuehring

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W. 0

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 30 (Day) 1940 (Year)

8. AGE: Years 2 Months 32 Days 29 If less than one day hr. min.

9. Birthplace Emma (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Martin Fuehring
13. Birthplace Emma (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Adele Hasemeier
15. Birthplace Emma (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ed James
(b) Address Concordia, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Emma Mo.

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

19. (a) 11-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day ~~30~~ 29
year hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-20-42, 19, to 11-~~30~~ 29, 1942
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

Due to 74a

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Lymphatic Leukemia

Of autopsy

Duration

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 Harry M Gilky (M. D. or other)
Address 1624 Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.