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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37610

State File No. .....

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
442 South Locust St.
(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 75 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 442 South Locust St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ellen Belle Cord.

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January (Month) 15 (Day) 1862 (Year)

8. AGE: Years 80. Months 9. Days 29. If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name John Fugate

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

MOTHER 14. Maiden name Hester Fugate Shearman

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

16. (a) Informant Maude Cord

(b) Address Monroe City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul's Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) 11-14-42 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1942 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 20 1938 to Nov 13 1942 that I last saw he alive on Nov 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 John H. Cobb (M. D. or other)

Address Monroe City Mo Date signed 11/14/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-3062
Date Filed DEC - 7 1942

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 My me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3114

P. O. Address Monroe City 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.