

Sent By Special Reg. St. Board Health Feb 10-43

No. 2
9-4-41
5-17-39
I X2945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2333

State File No. _____

LED FEB 15 1943

Registration District No. 33

Primary Registration District No. 5490

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton Rural White Oak
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

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

In this community 20 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town New Hampton
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mile NE of New Hampton
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NANCY R FUSTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan 14, 1943

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife George Fuston Duemond

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

7. Birth date of deceased Jan 20 1866
(Month) (Day) (Year)

Immediate cause of death None

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

77 11 15 _____ hr. _____ min.

9. Birthplace Ray County MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Marian Lyle

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

14. Maiden name Dont MO

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

16. (a) Informant Hazel Fuston

(b) Address New Hampton

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Weslie Chapel

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton MO

19. (a) Feb 5 1943 (Date received local registrar)

(b) Zola M. Burres (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)

Means of injury _____

23. Signature J. G. Stiles (M. D. or other) _____

Address New Hampton Date signed Jan 13

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

503

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1943

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. G. Noble
Licensed Embalmer No. 2904
P. O. Address New Hampton, Md.

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.