S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7352
State File No.

Registration District No. 29-3
Primary Registration District No. 6005
Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Spencer Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence R.F.D. #1 New London Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 24 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RALLS
(c) City or town R. R. #1 NEW LONDON MO. (RURAL)
(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 EDA FUGUA TATE
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married or divorced Married
6. (b) Name of husband or wife Walter Tate
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan. 17 - 1943 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Ralls Co. Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name John Fugua
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
14. Maiden name Julia Gordon
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Fugua
(b) Address R.F.D. #1 - New London Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bayless Cemetery
18. (a) Signature of funeral director Ray Johnson
(b) Address
19. (a) 1-19-43 (Date received local registrar) (b) R.D. Barking (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 17-43
year 1943 hour 8:30 P.M. minute M.
21. I hereby certify that I attended the deceased from FEB 10, 1942, to MARCH 2, 1942
that I last saw her ALIVE on OCT 29, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MYO CARDIAL FAILURE	
Due to	
Due to	
Other conditions VARICOSE-ULCERS (Include pregnancy within 3 months of death)	
Major findings: Of operations NO OPERATION	
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 Thos. R. Moore (M. D. or other)
Address Date signed

1111

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-425
Date Filed MAR 4 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.....

....., 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.