

No. 2  
OM 5-42  
5-17-39  
X 32873

Registration District No. **19037**

Primary Registration District No. **4353 6820** Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Rural, Gideon, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Anderson**  
(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 (Specify whether **--**)

2. USUAL RESIDENCE OF DECEASED:

(a) State **N. Jersey** (b) County **Union**

(c) City or town **Linden**  
(If outside city or town limits, write "RURAL")

(d) Street No. **431 N. Stiles St.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **2**  
If yes, name country **--**

3. (a) PRINT FULL NAME **CHARLES W. FURMAN**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **unknown**

4. Sex **male**

5. Color or race **Wht.**

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

6. (b) Name of husband or wife **--**

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

7. Birth date of deceased **July 30 1920**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>22</b>	<b>9</b>	<b>16</b>	hr. <b>--</b> min. <b>--</b>

9. Birthplace **Elizabeth N. Jersey**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Bench Hand**

11. Industry or business **American Founders Inc.**

MOTHER FATHER

12. Name **William C. Furman**

13. Birthplace **Elizabeth, N. Jersey**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Elizabeth, N. Jersey**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William C. Furman**

(b) Address **431 N. Stiles St. Linden, N.J.**

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

(b) Date thereof **5/18/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Linden, N. Jersey**

18. (a) Signature of funeral director **Jonda Macom**

(b) Address **5-17-1943**

19. (a) **5-17-1943** (Date received local registrar)

(b) **Jonda Macom** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**  
year **1943** hour **12:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **--** to **--**, 19**43**; that I last saw h **im** alive on **--**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning**

Due to **Auto wreck**

Due to **1700-3**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **--**

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) **Accident 172**

(b) Date of occurrence **May 16, 1943**

(c) Where did injury occur? **Gideon N. Madrid Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Highway**  
(Specify type of place)

While at work? **--** (g) Means of injury **--**

23. Signature **C. Mallory Harwell** (M. D. or other)

Address **MAAF, Malden, Mo.** Date signed **5/17/43**

RECEIVED

District Health Office No. 2,

District File Number 643-716

Date Filed 6-3-43

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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 J. G. Schuman  
..... Licensed Embalmer No. 4086

P. O. Address Madison, 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.