. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37765

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1244

1. PLACE OF DEATH:

(a) County Buchanan.
(b) City or town St. Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1922 North 2nd st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 66 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan. 011
(c) City or town St. Joseph. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 North 2nd St. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sylvester James Fuson.

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Katherine Fuson.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 11 (Day) 1863 (Year)

8. AGE: Years 80 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Princeton. (City, town, or county) 0 Missouri. (State or foreign country)
10. Usual occupation Ret. Shipping Clerk.
11. Industry or business National Biscuit Co.

FATHER
12. Name John Fuson.
13. Birthplace Unknown. (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Samentha Dean.
15. Birthplace Unknown. (City, town, or county) Kentucky, (State or foreign country)

16. (a) Informant John O. Fuson.
(b) Address 1922 North 2nd St.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery.
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union St. St. Joseph Mo.
19. (a) 11-13-43 (Date received local registrar) (b) Rose Heizog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1943 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from Nov 6, 1943, to Nov 10, 1943; that I last saw him alive on Nov 10, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	?
Due to	
Due to	
Other conditions Partial obs of Cancer (Include pregnancy within 3 months of death)	Nov 5/43

Major findings:
Of operations 93d
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 Frank H. Hardegan (M. D. or other)
Address 620 Francis St Joseph, Mo Date signed 11/12/43

1233

(Licensed Embalmer's Statement on Reverse Side)

Hartigan Kirk

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 Herman Wm Sidenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph 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.