S. No. 2
0M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41456

Registration District No. 7 | Primary Registration District No. 5030 | Registrar's No. 39

1. PLACE OF DEATH:
3 (a) County: Atchison
3 (b) City or town: Tarkio rural
(If outside city or town limits, write "RURAL" and name of township)
0 (c) Name of hospital or institution: —
(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: 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison 3
(c) City or town: Tarkio Rural 6
(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: -- 0

3. (a) PRINT FULL NAME: ANNA MARIE FUELLING

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

4. Sex: female | 5. Color or race: white | 6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife: Adam Fuelling
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: May (Month) 13 (Day) 1873 (Year)

8. AGE: Years 70 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Essen Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation: house keeper

11. Industry or business: .....

FATHER
12. Name: Louis Husing
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Elinor Hanrath
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. C. Currie
(b) Address: Tarkio, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Mo.

19. (a) Jan 1 1943 (Date received local registrar) (b) Mrs H. O. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1943 hour 3 minute 25 p M.

21. I hereby certify that I attended the deceased from July 1 - 43, 19..., to Dec 2nd 1943, that I last saw h. alive on Dec 2nd 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: c. — Duration
Uremia Sclerosis
Cerebrovascular hemorrhage
Due to: Nephritis Regurgitation — 2 yrs
Due to: —
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: —
Of autopsy: none

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: [illegible] (M. D. or other)
Address: Tarkio Mo. Date signed: Dec 2-43

1529 (Licensed Embalmer's Statement on Reverse Side)

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. 2394

P. O. Address Tarkio, 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.