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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3107

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jackson, (Rural Washington)

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Armour Memorial Home, 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution unknown (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, (If outside city or town limits, write "RURAL") 9 8

(d) Street No. 81st and Wornall Road, (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Martha Fuhrman

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Henry L. Fuhrman,

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

7. Birth date of deceased November (Month) 14 (Day) 1861 (Year)

8. AGE: Years 82 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name George Harrison Ayres,
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Betty Young,
15. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Armour Memorial Home Records,

(b) Address 81st and Wornall Rd., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1/13/44 (Date received local registrar) Sert R. Lindsey Stone Inc (Registrar's signature)

Dr. Annie E. H. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1944 hour 10:00 minute a M.

21. I hereby certify that I attended the deceased from Dec 1, 1936 to Jan 9, 1944 that I last saw her alive on Jan 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, ~~Fatal~~ Bronchi

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

107

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)

(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 C. P. Cantrell (M. D. or other)

Address 636 Wigg Lakes Date signed 1/10/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. D. Cantrall

JUL 27 1959

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.