

FILED MAY 13 1944

Registration District No. 89

Primary Registration District No. 5270

1. PLACE OF DEATH:

(a) County Christian
(b) City or town rural Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(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 most of life (Specify whether
In this community most of life years, months or days)

3. (a) PRINT FULL NAME Joseph Henry Fugitt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August, 25, 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 15 hr. min.

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

10. Usual occupation farming

11. Industry or business

MOTHER { 12. Name Jim Fugitt
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bert Willoughby
(b) Address Clever, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel cem

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.
19. (a) April 7, 1944 (b) Mary F. Spear
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. Clever, R#1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1944 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 10, 1944 to April 10, 1944
that I last saw him alive on April 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Biphasic - Chronic
Due to Myocarditis - Chronic

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A.P. [illegible] (M. D. or other)
Address Clever, Mo Date signed 4-11-44

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

2000

RECEIVED

District Health Officer No. 6,

District File Number 544-564

Date Filed MAY 10 1944

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.W. Maples*

Licensed Embalmer No..... 2985

P. O. Address..... Clever, 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.