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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 309902

Registration District No. ~~318~~ 128 Primary Registration District No. 2000 Registrar's No. 742

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location) U
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 ½ hrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wright 114
(c) City or town Hartville Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Samuel Henry Fuge
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Dec (Month) 22 (Day) 1880 (Year)

8. AGE: Years 63 Months 8 Days 22 If less than one day x hr. x min.

9. Birthplace Mansfield Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER 12. Name William T. Fuge
FATHER 13. Birthplace Unk. (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name Anna Hartley
MOTHER 15. Birthplace Unk. (City, town, or county) Penn. (State or foreign country)
16. (a) Informant Ida Mae Fuge
(b) Address Hartville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-17-44 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Newton Cemetery, Wright Co.
18. (a) Signature of funeral director Lee Lanning
(b) Address Marshfield Mo.
19. (a) 9-15-44 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1944 hour 4 minute 50 P. M.
21. I hereby certify that I attended the deceased from 14 Sept, 1944, to 14 Sept, 1944; that I last saw him alive on 14 Sept, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration 9/14/44
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work (e) Means of injury
23. Signature Robert Glyn (M. D. or other)
Address Springfield, Mo. Date signed 9/16/44

984 (Licensed Embalmer's Statement on Reverse Side)

SEP 25 1944

0881

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 Lee Lamy

Licensed Embalmer No. 3312

P. O. Address Marshfield 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.