S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17314

Registration District No. _____ Primary Registration District No. 4275 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville (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 (Specify whether In this community years, months or days) over 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence
(c) City or town Marionville. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Newton Jasper Fugett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth K. Fugett
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 14, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70		25	hr. min.

9. Birthplace Benton Co. (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Shoe Repair
11. Industry or business
FATHER
12. Name John Wesley Fugett
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Lottie Barber
15. Birthplace (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Mrs. N. J. Fugett
(b) Address Marionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads, White Cem
18. (a) Signature of funeral director J. B. Brad Jr.
(b) Address Marionville, Mo.
19. (a) 5-12-45 (Date received local registrar) (b) Eunice Greene (Registrar's signature) Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1945 hour 5 minute 50 P. M.
21. I hereby certify that I attended the deceased from April 1, 1945 to May 9, 1945 that I last saw him alive on April 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94 b	

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 Wayne M. Weaver (M. D. or other) D.O.
Address Marionville, Mo. Date signed 5/10/45.

115 b (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 645-628
Date Filed JUN 7 1945

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 Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.