

FILED MAR 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. **6102**

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)
 In this community 35 years

3. (a) PRINT FULL NAME Thomas Ray Fugate

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

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

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

7. Birth date of deceased July 3, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Building Contractor

11. Industry or business Self

12. Name No record

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name: No record

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Suda Fugate

(b) Address 1723 Byers, Joplin, Mo

17. (a) Burial (b) Date thereof 2-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 2-19-46 (b) Ed Blanke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 1723 Byers
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
 year 1946 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from April 10, 1944, to Feb. 14, 1946, that I last saw him alive on Feb. 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 30 min.

Due to Hypertension & nephritis 37 year

Due to _____

Other conditions Several previous hemorrhages 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
 Of operations X
 Of autopsy X

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? _____ (c) Means of injury _____

23. Signature D. T. Blanke (M. D. or other) M.D.
 Address Joplin, Mo. Date signed 2-15-46

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

2
-43
-39
35897

46-2-128

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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

3. (a) PRINT FULL NAME Thomas R. Fugate
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased July 3
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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 _____

20. DATE OF DEATH: Month July year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Nephritis - chronic 2 yrs +
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
1314

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 D. T. Y. Blake (M. D. or other) 5-14-46
Address 725 Finney Blvd Joplin Mo. Date signed 5-14-46

MEDICAL CERTIFICATION
SUPPLEMENTARY
NATIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

6102