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

12360

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13454

FILED MAY 9 1946

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 146

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1406 West Alton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1406 West Alton 4
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Josephine Fuhrmann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased October (Month) 26, (Day) 1859 (Year)

8. AGE: Years 86 Months 5 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Paris, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Joseph Fuhrmann
13. Birthplace Cologne, Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Matilda Francis Donaldson
15. Birthplace Paris Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. R. I. Moore
(b) Address 1406 W. Alton, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Hill Cem. K.C. Mo.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri

19. (a) Apr. 27-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 31, 1946 to Apr 21, 1946
that I last saw her alive on Apr 20, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic interstitial nephritis	5 yrs.
Due to unknown	
Due to	
Other conditions mitral insufficiency (Include pregnancy within 3 months of death)	3 yrs

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 J. N. Hill M.D. (M. D. or other)
Address 1438 Hedges Ave Date signed 4/22/46

354 (Licensed Embalmer's Statement on Reverse Side) Independence Mo

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 Raymond M Martin

Licensed Embalmer No. 4150

P. O. Address Foley 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.