S. No. 2
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16669

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 17789

Registration District No. 294 Primary Registration District No. 4440 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Renick Mo (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 Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Renick (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 AMANDA-ELSEBELLE-FURGESON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 2 (Month) - 10 (Day) - 1853 (Year)

8. AGE: Years 93 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business ✓

FATHER
12. Name Dexter Galbreath Furgeson
13. Birthplace Clark Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant ✓ Elizabeth Cunningham

(b) Address 505 N 4th Okla City Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove Clark Mo

18. (a) Signature of funeral director Fred A Thompson

(b) Address Madison Mo

19. (a) 4/4/46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1946 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1946, to April 3, 1946 that I last saw her alive on April 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 yr
Due to Old age	
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 H E Griffith (M. D. or other)

Address Moberly Date signed 4/5/46

264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-94
Date Filed MAY 23 1946

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 Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Ne

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.