

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 14 1947

DR. PAUL FURGURE
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4077
Registrar's No. 305

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: MISSOURI METHODIST Hospital
(d) Length of stay: In hospital or institution 2 WEEKS
In this community 2 WEEKS

3. (a) PRINT FULL NAME MAUD EVELYN STABLER
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE EARL STABLER 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased APRIL 28, 1884

8. AGE: Years 62 Months 10 Days 6 If less than one day hr. min.

9. Birthplace TOPEKA KANSAS

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name WILL YOUNG
13. Birthplace POTTER, KANSAS
14. Maiden name ANGIE COOLEY
15. Birthplace UNKNOWN

16. (a) Informant GEORGE EARL STABLER
(b) Address HURON, KANSAS

17. (a) REMOVAL (b) Date thereof 3-7-1947
(c) Place: burial or cremation HURON, KANSAS

18. (a) Signature of funeral director Wm. Stamblich
(b) Address ATCHISON, KAN.

19. (a) 3-10-47 (b) H. S. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County ATCHISON
(c) City or town HURON
(d) Street No. 2
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR, day 4, year 1947, hour 6, minute 10 P.M.
21. I hereby certify that I attended the deceased from 2-19-1947 to 3-4-1947
that I last saw her alive on 3-4-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Cause of liver & spleen operation 2-20-47
Other conditions

Major findings: Of operations
Of autopsy: none
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Paul Furgure (M. D. or other)
Address St Joseph, Mo Date signed 3-6-47

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

LPD
P. N. W.

Mr. Paul Ferguson
2-3-55

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..... *Wm. S. Canton*

Licensed Embalmer No..... *3778*

P. O. Address..... *Atchison, Kan*

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. :