No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3822

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1012 E. McPherson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 1012 E. McPherson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Polly Anna Furnish
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 8 (Day) 1867 (Year)

8. AGE: Years 80 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace: Sharon (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Home
11. Industry or business:

FATHER
12. Name: James McKeehan
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Crow
15. Birthplace: Nashville, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Earl Furnish
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ft. Madison Cmt.
18. (a) Signature of funeral director: [signature]
(b) Address: Kirksville, Mo.
19. (a) 2-10-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1948 hour 11:00 minute P: M.

21. I hereby certify that I attended the deceased from mar 16, 1945 to Jan 29, 1948 that I last saw her alive on Jan. 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	3 yrs
Due to: Cerebral Hemorrhage	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

83 A

PHYSICIAN — Underline the cause of 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: R O Stiepler (M. D. or other) MD
Address: Kirksville Mo Date signed: 2-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
File Number 2-48-313
FEB 16 1948
Date Filed

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 William C. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Kirksville, 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.