. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7665

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 82

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home #14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Schuyler 98
(c) City or town: Queen City
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: LEE FURNISH
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: March (Month) 23 (Day) 1870 (Year)

8. AGE: Years 77 Months 11 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: near Shuntop (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
MOTHER FATHER
12. Name: Mom Furnish
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Case
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Lester L. Furnish
(b) Address: Queen City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: F.H. Martin Cemetery
18. (a) Signature of funeral director: Wm H West
(b) Address: Queencity Missouri
19. (a) 3-15-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1948 hour 12 minute 18 P.M.
21. I hereby certify that I attended the deceased from March Eight 1948 to March 13th 1948 that I last saw him alive on March 12th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fast Stroke	4 days
Due to: Cerebral Hemorrage Left side	days
Due to: Hypertention from Arteriosclerosis	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: $30
Of autopsy: ____

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: W.H. Cozzens, M.D. or other
Address: Kirksville Mo Date signed 3/12/48

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-586
MAR 31 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 Self

Registered Apprentice No.

working under my personal supervision.

Signed Wm. H. West

Licensed Embalmer No. 2852

P. O. Address Queenity 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.