

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17228  
144  
Registrar's No.

FILED JUN 9 1948  
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
524 Barrow Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 524 Barrow  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Thomas Frederick Fuhrman

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 married

6. (b) Name of husband or wife Martha Ann Fuhrman

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 11 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation coal mining

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Fuhrman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Jane Dollard

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert Fuhrman

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 5/22/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Missouri

18. (a) Signature of funeral director Tommy P. Patton

(b) Address Huntsville, Mo

19. (a) May 31-48 (b) Paul H. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1948 hour 7:45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 48  
1948 to May 20 1948  
that I last saw him alive on May 20, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Cordis collosa

Due to Ch. myocarditis

Due to Ch. nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
1 hr  
6 hr  
6 hr

PHYSICIAN

Major findings:  
Of operations 1310

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature H. G. ... (M. D. \_\_\_\_\_)

Address Mo. ... Date signed 5/22/48

RECEIVED

District Health Officer No. 10

District File Number 6-48-1004

Date Filed 8761 - 8 NAF

**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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville W

**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.**