

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

FILED MAY 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stat. File No. 18526

Registration District No. 375

Primary Registration District No. 4551

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville
(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 74 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME William Elmer Fuson

3. (b) If veteran, name war: none
3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nancy Louisa Fuson
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 21, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 11
If less than one day hr. min.

9. Birthplace Hartville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Postmaster

11. Industry or business

12. Name Jonathan A. Fuson

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

14. Maiden name Wood

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

16. (a) Informant O. H. Fuson

(b) Address 1000 E. Harrison, Springfield

17. (a) Burial (b) Date thereof 5/4/48 Mo.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Creek Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville, Mo.

19. (a) May 5, 1948 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1948 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Apr 1, 1948 to May 2, 1948
that I last saw him alive on May 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days
Due to Arterial Sclerosis an yr

Due to

Other conditions (Include pregnancy, within 5 months of death)

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature J. A. Fuson (M. D. or other)

Address Manassah Date signed me

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 548-586

Date Filed MAY 20 1948

JUL 19 1955

JUN 19 1958

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 Gene E Haldrew

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.