

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29669**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 289

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau  
c. LENGTH OF STAY (In this place) 2 Wks.  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Dunklin  
c. CITY (If outside corporate limits, write RURAL and give township) Kennett, Missouri  
d. STREET ADDRESS (If rural, give location) 406 West 8th St.

3. NAME OF DECEASED (Type or Print)  
a. (First) Frank b. (Middle) \_\_\_\_\_ c. (Last) Furlow  
4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH Nov. 7, 1885 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 1 YEAR Hours \_\_\_\_\_ IF UNDER 24 HRS. Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking  
10b. KIND OF BUSINESS OR INDUSTRY Drayman  
11. BIRTHPLACE (State or foreign country) Kentucky  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Furlow 13b. MOTHER'S MAIDEN NAME Lou Vandiver 14. NAME OF HUSBAND OR WIFE Laura Furlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Lyman Cook ADDRESS 400 W. 8th, Kennett

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized Metastases  
ANTECEDENT CAUSES DUE TO (b) Carcinoma Bladder  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs?  
1817

19a. DATE OF OPERATION 5-22-50 19b. MAJOR FINDINGS OF OPERATION Cc Bladder - grade III 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5-20, 1950, to 9-10, 1950, that I last saw the deceased alive on 9-10, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 401 1/2 Broadway - Cape Girardeau 23c. DATE SIGNED 9-28

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 12, '50 24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery 24d. LOCATION (City, town, or county) (State) Kennett, Missouri Mo

DATE REC'D BY LOCAL REG. 9-21-1950 REGISTRAR'S SIGNATURE [Signature] 44 FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kennett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

164  
0

MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MISSOURI

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. H. Almon*

Licensed Embalmer No. *2556*

P. O. Address *Keokuk, 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.