

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21807  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 156  
(b) Township Harrisonville Primary Registration District No. 4090 Registered No. 34  
(c) City Harrisonville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME

230  
Beccelia Fugitt  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

|   |  |  |
|---|--|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><input checked="" type="checkbox"/> |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 - 1869</u>                                       |  |  |
| 7. AGE  | YEARS<br><u>69</u>   | MONTHS<br><u>10</u>  |
|   | DAYS<br><u>16</u>  | IF LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>at Home</u> | 11. Total time (years) spent in this occupation                            |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                              |  |
|   | 10. Date deceased last worked at this occupation (month and year)                                    |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>East California</u>                          |  |  |
| FATHER  | 13. NAME<br><u>Hiram Fugitt</u>  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Clay Co. Mo.</u>                              |  |
| MOTHER  | 15. MAIDEN NAME<br><u>Betsy McWilliams</u>   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Clay Co. Mo.</u>                              |  |
| 17. INFORMANT (ADDRESS)<br><u>Josephine W. Volle Harrisonville, Mo.</u>                             |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>K.C. Mo.</u> DATE <u>6/8 1939</u>                        |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>RUNNENBURGER'S HARRISONVILLE, MO.</u>                   |  |  |
| 20. FILED <u>6/8 1939</u> <u>Beckusley M.S.</u> Local Registrar                                     |  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 6.7, 1939

I last saw her alive on 6.6, 1939. Death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:  
Generalized Carcinomatosis of abdomen Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Beckusley M.S. \_\_\_\_\_, M. D.  
(Address) Harrisonville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

570

**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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31807  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 136  
(b) Township \_\_\_\_\_ Primary Registration District No. 4090 Registered No. 34  
(c) City Harrisonville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME

Cecilia Fuggett  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 10 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 69 1939 Fee under Dr. S  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ alive \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatous of Abdomen  
Usual state of original seat of malignancy  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) J. E. Wensley, M. D.

(Address) Harrisonville, Mo

SUPPLEMENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

