

FILED
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

12672

Registration District No. 865 Primary Registration District No. 6143 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County TEXAS
 (b) City or town GADOOL
 (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 2
 In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County TEXAS
 (c) City or town Rural Cass Imp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. RURAL
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JUSSIE EVELENA FUGATE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color of race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife J. K. FUGATE 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased 1883-7-1
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAR day 2
 year 1940 hour _____ minutes 3 P. M.
 21. I hereby certify that I attended the deceased from 3/29/40
 _____, 19____, to 3/3/40, 19____;
 that I last saw her alive on 3/2/40, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 8 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Congestive Heart failure Duration 2 mos.
 Due to Hypertensive Heart disease
 Due to _____

9. Birthplace Phillipsburg KANSAS
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE

Other conditions Chronic nephritis
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER { 12. Name JAMES T ERWIN
 13. Birthplace TENN.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name MARY JANE HADLEY
 15. Birthplace N. CAROLINA
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 121
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature J. K. Fugate
 (b) Address Stults
 17. (a) BURIAL (b) Date thereof March 4-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FLK CREEK Me.
 18. (a) Signature of funeral director Laylad Wellisth
 (b) Address Cadwell
 19. (a) March 10 (b) Wm. Lou Ma McKinn
 (Date received local registrar) (Registrar's signature)

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?
0, 4 11
 (Specify type of place)
 While at work? _____ (a) Means of injury _____
 23. Signature Garrett Young M.D. (M. D. or other) _____
 Address Gadool, Mo. Date signed 3/4/40

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.

Signed..... *Taylor V. Elliott*

Licensed Embalmer No. *925-2*

P. O. Address..... *Coral Mo*

RECEIVED
working under my personal supervision.
District File Number *440-450*
Date Filed *4/1/40*

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.