No. 2
1-10-39
17-39
X21492

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

FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24667

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 792

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether

In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 5319 Miamia (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Benjamin Grant Furr 600

3. (b) If veteran, name war No 441-10-4274

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lyda

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 16, (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Dennison, (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Carpenter 1

11. Industry or business Job

FATHER
12. Name Churheville Furr 9
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Jane Beason
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lyda Furr

(b) Address 5319 Miamie

17. (a) Burial Bridge, Mo (Burial, cremation, or removal) (b) Date thereof July 24, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill Cemetery, Breckenridge, Mo.

18. (a) Signature of funeral director John E. Rupp 85

(b) Address 6054 Pryor Ave.

19. (a) 7/23/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1940 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-13, 1940, to July 22, 1940, that I last saw him alive on July 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangreen of Left leg & toes	
Due to Arteriosclerosis	
Due to Hypertension	
Senility 97	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Leg Amputated July 19-40	
Of autopsy X	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Owen W. Wiley (M. D. or other) 1

Address St Joseph Mo Date signed July 23-40

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.