

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 41 years
years, months or days

3. (a) PRINT FULL NAME Howard Clarence Fuel

3. (b) If veteran, name war _____ 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 Ray Fuel 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 23, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 25 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Champaign County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John William Fuel

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

14. Maiden name Mrs. Whittington

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

16. (a) Informant Mrs. Ray Fuel

(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof 4-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mary McQueen Park

18. (a) Signature of funeral director Ward S. Morgan

(b) Address Advance, Mo.

19. (a) 4-18-41 (b) Jess. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advance Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South of Advance
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 41 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from 4/14, 1941, to 4/18, 1941;
that I last saw him alive on 4/18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Duration _____

Due to ?

Due to Lymphatic (supra claviclar) metastases

Other conditions myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy gland carcinoma
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Carl W. Minnemann (M. D. or other) MD

Address Cape Girardeau Date signed Apr 18/41

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

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.....

Lloyd A. Morgan

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lloyd A. Morgan

Licensed Embalmer No.....

3361

P. O. Address.....

Advocate, 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.