

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

FILED AUG 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25698

Registration District No. 604

Primary Registration District No. 5798

Registrar's No.

1. PLACE OF DEATH:
 (a) County New Madrid Co. Front 1
 (b) City or town Canon
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County New Madrid 2
 (c) City or town _____ (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME (Infant) Furlong
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 8
 year 1941 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 7. Birth date of deceased July 8 1941
 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day
4 hr. _____ min.

Immediate cause of death: No medical attention delivered by midwife. Due heart in distress.
 Due to _____
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Canon MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation (Infant)
 11. Industry or business _____
 MOTHER { 12. Name Velmer Furlong
 13. Birthplace Canon MO
 (City, town, or county) (State, or foreign country)
 14. Maiden name Velma Jeffries
 15. Birthplace Canon MO
 (City, town, or county) (State or foreign country)
 16. (a) Informant Velmer Furlong
 (b) Address Canon, MO
 17. (a) Burial (b) Date thereof July 9-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ground - New Madrid MO
 18. (a) Signature of funeral director F. A. Richard Jr
 (b) Address New Madrid, MO
 19. (a) 7-29-41 (b) Wm O Bowen
 (Date received local registrar) (Registrar's signature)

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 L. A. Richards Jr (City or town) Canon
 Address New Madrid Date signed July 9-41

RECEIVED

District Health Office No. 2

District File Number 841-1137

Date Filed 8-19-41

*Interment certificate as
of this date: deceased
personally in R. of*

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 *MS*.....

Licensed Embalmer No.....

P. O. Address.....

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.

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(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant Furlong
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-29-41 (b) Wm O'Banon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid
(c) City or town Canon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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)

(b) 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 _____ (M. D. or other)

Address _____ Date signed _____

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SUPPLEMENTARY

