

FILED MAR 16 1942

Registration District No. 459 470

Primary Registration District No. 5633

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Lawrence
(b) City or town: Int Vernon Rural
(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: 12 days
years, months or days

3. (a) PRINT FULL NAME: Donna Sue Fuhr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: S. U

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

7. Birth date of deceased: Feb. 14 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 12 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Int Vernon Ind. (Mo)
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name: Boyd Fernando Fuhr

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

14. Maiden name: Wanda Sarah Rodgers

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

16. (a) Informant: Boyd Fuhr

(b) Address: Int Vernon Mo

17. (a) Casket Cem. (b) Date thereof: Feb 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Casket Cem.

18. (a) Signature of funeral director: No funeral director
(b) Address _____

19. (a) Mar 6-42 (b) Donald B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lawrence 53
(c) City or town: Int Vernon R1 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 26 day _____
year 1942 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Feb 23
1942 to Feb 26, 1942;
that I last saw her alive on Feb 25, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death: Birth Injury Duration: 12 days

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death) 160c

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) Means of injury _____

23. Signature: P. A. Holmes (M. D. or other) _____
Address: Int Vernon Mo Date signed: 2-26-42

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

53
00

RECEIVED

District Health Officer No. 6,

District File Number 342-354

Date Filed MAR 12 1942

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.....

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, above space should be left blank.