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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3183

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No. 53

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns 0 (If not in hospital or institution, write street number or location)

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

In this community About 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 60

(a) State Missouri (b) County McDonald 0

(c) City or town Rural Anderson 0 (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? About 59 yrs 1 years.

3. (a) PRINT FULL NAME Joseph Furst

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased July (Month) 24 (Day) 1869 (Year)

8. AGE: Years 74 Months 6 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Not Known 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Roy Womack

(b) Address Anderson, Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 44 (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cem.

18. (a) Signature of funeral director Wm Morris Pogue

(b) Address Wheaton, Mo.

19. (a) 1-21-44 (Date received local registrar) (b) Gertrude Sudhoeltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 44 hour 2:15 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 20 1944, to Jan 21, 1944 that I last saw him alive on Jan 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Pulmonary edema

Due to Following Bronchial Asthma

Due to

Other conditions (Include pregnancy within 3 months of death) 112

Major findings: Of operations None

Of autopsy

Duration: 30 Dgs

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) No

(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 [signature] (M. D. or other)

Address [illegible] Date signed 1/21/44

1264

(Licensed Embalmer's Statement on Reverse Side)

44-1-56

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 Wm Morris Pogue

Licensed Embalmer No. 344p

P. O. Address Wheaton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.