

Hortega 5275

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 2 1945

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 148

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:  
810 So. 19th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Lifetime 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. 810 So. 19th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Maude E. Furr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife James B. Furr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown Unknown 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7  
year 1945 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 2/6 1945 to 2/6 1945; that I last saw him alive on 2/6 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chy.

Duration

8. AGE: Years 80 Months ? Days ? If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

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

10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 932

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Charles Quinn

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

14. Maiden name Elizabeth Lorden

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

16. (a) Informant James B. Furr

(b) Address 810 So. 19th. St.

17. (a) Burial (b) Date thereof Feb. 9, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Armitt D. Dufrenoy

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 2-9-45 (b) Eileen J. Fickel  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Fred de Degeani (M. D. or other) \_\_\_\_\_  
Address 620 No. 2 Date signed 2/10/45

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

1311

**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 Keith Collier

Licensed Embalmer No. 3632

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, fact should be so stated above.**