

S. No. 2  
M-5-43  
7-5-17-39  
e I X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

24151

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

FILED AUG 1 1946

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 75

1. PLACE OF DEATH:

(a) County LAWRENCE

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

(c) Name of hospital or institution:  
902 GRIFFITH 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 40 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE

(c) City or town AURORA  
(If outside city or town limits, write "RURAL")

(d) Street No. 902 GRIFFITH 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADDIE CHARLOTTA FUGITT

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17th  
year 1946 hour 3:10 minute 9 M.

21. I hereby certify that I attended the deceased from June 15  
\_\_\_\_\_ 1946 to July 17, 1946  
that I last saw her alive on July 16, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RICHARD F. FUGITT

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 6 1879  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

66 10 11 hr. \_\_\_\_\_ min.

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

10. Usual occupation House W. Fe.

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

12. Name JAMES W. WELLS

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

14. Maiden name NO RECORD

15. Birthplace NO RECORD  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Cerebral Apoplexy

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant R. F. FUGITT

(b) Address AURORA, MO.

17. (a) BURIAL (b) Date thereof 7-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director KING FUNERAL HOME

(b) Address AURORA, MO.

19. (a) July 18-1946 (b) Dr. McNeill  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury? \_\_\_\_\_

23. Signature W. P. Herron (M. D. or other) \_\_\_\_\_  
Address Aurora, Mo Date signed July 19 46

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

RECEIVED

District Health Officer No. 6,

District File Number 746-800

Date Filed JUL 30 1946

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 H. L. White

Licensed Embalmer No. 4240

P. O. Address AURORA, 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.