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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

Registration District No. 219

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14231

Primary Registration District No. 5761

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra Mo.R.R.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 yrs. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Fuqua

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Hallie Milburn

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

7. Birth date of deceased 3 (Month) II (Day) 1868 (Year)

8. AGE: Years 79 Months Days 20 If less than one day hr. min.

9. Birthplace Marion Co.Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation R.R. Section-Hand

11. Industry or business

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

MOTHER
14. Maiden name Susan Fuqua
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lula Garner
(b) Address Palmyra Mo.R.F.D.

17. (a) Palmyra Mo. (Burial, cremation, or removal) (b) Date thereof 4-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetary

18. (c) Signature of funeral director A M Sprague
(b) Address Palmyra Mo.

19. (a) 4-3-1947 (Date received local registrar) (b) Viola Geer, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 2 pm minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to March 31, 1947
that I last saw him alive on March 31, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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) 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 — 0

23. Signature E. M. Lucke (M. D. or other)
Address Hannibal, Mo. Date signed 4-4-47

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1947

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.....A M Sprague.....

Licensed Embalmer No.....999.....

P. O. Address.....Palmyra Me

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.

No. 2B
—3-45
I X43880

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BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: 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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(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: Frank Fugua

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: widowed

6. (b) Name of husband or wife: Hallie Milburn

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

7. Birth date of deceased: March 11 (Month) (Day) (Year)

8. AGE: Years 79 Months Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h 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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

14231