

S. No. 2  
BM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **21317**

**FILED JUN 20 1947**  
Registration District No. **146**

Primary Registration District No. **5568**

Registrar's No. **169**

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

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Independence**  
(c) Name of hospital or institution:  
**Route #1 /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME WILLIAM EDWARD FURGIE, Sr.**  
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 **Widowed**  
6. (b) Name of husband or wife **Margaret Furgie** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **February 29, 1860**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**87 2 29** hr. min.

9. Birthplace **New York, N. Y.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Retired machine operator**

**11. Industry or business**  
12. Name **unknown**  
13. Birthplace **unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_  
17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **5/30/47** (Month) (Day) (Year)  
(c) Place: burial or cremation **Macomb, Ills.**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**  
(b) Address **Independence, Mo.**  
19. (a) **6-1-47** (Date received local registrar) (b) *[Signature]* (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence** (If outside city or town limits, write "RURAL")  
(d) Street No. **RR 1, Box 120 (N. River Road)** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**6.2 m**  
**may 28**  
**20. DATE OF DEATH:** Month **May** day **28** year **1947** hour **51** minute **15A** M.  
21. I hereby certify that I attended the deceased from **Jan 1946** to **May 28 1947**  
that I last saw him alive on **May 27 1947** and that death occurred on the date and hour stated above.

Immediate cause of death  
**Seriously - cerebral arterio sclerosis**  
Due to **General arterio sclerosis**  
Other conditions **Terminal Broncho pneumonia**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **107**

**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 \_\_\_\_\_  
23. Sign (M. D. or other) *[Signature]* Date signed **5-29-47**

Duration  
**6 mo**  
**yr**  
**24 hr**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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**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.....

*John Parley*

Licensed Embalmer No.....

*4308*

P. O. Address.....

*Independence*

**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.**