S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38804

Registration District No. 175 — Primary Registration District No. 3036 — Registrar's No. 101

55

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: Aurora, Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence O

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

(d) Street No. Route #2 (If rural, give location) O

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

If yes, name country .....

3. (a) PRINT FULL NAME Janith Marie Fugitt

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

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

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

7. Birth date of deceased Oct 16 (Month) 1947 (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 5 hr. 45 min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Vernice Fugitt
13. Birthplace Stone County (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Hazle Hastens
15. Birthplace Unknown (City, town, or county) O (State or foreign country)

16. (a) Informant Vernice Fugitt
(b) Address Aurora Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director Oscar L. Marsh
(b) Address Aurora, Mo.

19. (a) Oct 17-47 (Date received local registrar) (b) Dra McNatt (Registrar's signature) 159

Nov.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 16, 1947, to Oct 17, 1947; that I last saw him alive on Oct 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to: 5 1/2 months	
Due to: Eclabsia	
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.

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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 O

23. Signature G. P. Copeth M.D. (M. D. or other) .....

Address Aurora Mo Date signed 10-18-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1239
Date Filed Nov. 24 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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.