

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31123

State File No.

0670
1

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

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. So. of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. So. of East Prairie</u>			
3. NAME OF DECEASED a. (First) <u>HOMER</u>		b. (Middle) <u>FURLONG</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 4, 1874</u>
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>McKeensie, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Furlong</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Byrd</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Willard Furlong</u>		ADDRESS <u>East Prairie, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Ch. & Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia Hypostatic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5 Aug, 1950</u> , to <u>24 Aug, 1950</u> , that I last saw the deceased alive on <u>24 Aug, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Pennington, M.D.</u>		23b. ADDRESS <u>Charleston, Mo.</u>	
23c. DATE SIGNED <u>15 Sept 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W. Cemetery, East Prairie, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. <u>9-30-50</u>		REGISTRAR'S SIGNATURE <u>Tertrude L. Harper</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>David Kelly</u>		ADDRESS <u>East Prairie, Mo.</u>	

OCT 5 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 6 1950

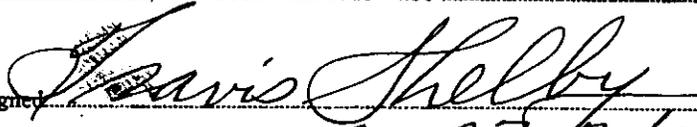
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 2726

P. O. Address East Prairie?

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.