

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6499  
Do not use this space.

PLACE OF DEATH

(a) County Cole Registration District No. 211  
(b) Township 1 Primary Registration District No. 4128 Registered No. 6  
(c) City Centerton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah Alpha Fugett 230  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF Max McWill Fugett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1881  
7. AGE YEARS 56 MONTHS 5 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unempl.  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Missouri

13. NAME Will Fugett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

15. MAIDEN NAME Laura Sartain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticure Co. Missouri

17. INFORMANT (ADDRESS) Mrs. E. Jaggart, Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo Cem DATE 2/28/38

19. FUNERAL DIRECTOR (ADDRESS) Buescher Funeral Home, Jefferson City, Mo.

20. FILED Feb. 25 1938 H. T. Buch, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 8 1938 to Feb. 21 1938  
I last saw him alive on Feb. 21 1938. Death is said to have occurred on the date stated above, at 1:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
Arterio-sclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Rich. E. Murrell, M.D.

(Address) Russellville, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37  
I X 12004

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher....., Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

**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.)**