

FILED MAY 6 1943

Registration District No. _____

Primary Registration District No. 5380

Registrar's No. 109

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Clarksdale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Washington Inc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether years, months or days) Five

3. (a) PRINT FULL NAME WILLIAM HENRY FAGAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 1 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name John Fagan
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Marie Price
15. Birthplace Gowen (City, town, or county) (State or foreign country)

16. (a) Informant Edward Fagan
(b) Address St Joseph 127 50

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale

18. (a) Signature of funeral director John Brown
(b) Address Marshallville Miss

19. (a) 4-30-43 (Date received local registrar) (b) Dr. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb
(c) City or town Clarksdale (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 11:30 minute PM M. _____

21. I hereby certify that I attended the deceased from Nov 19 1942, to Apr 18 1943, that I last saw him alive on April 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver & intestinal tract Duration 6 mos.

Due to _____

Due to _____

Other conditions Cancer of dorsal spine (Include pregnancy within 3 months of death) 3 mos.

Major findings: Of operations [Signature] 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? _____

While at work? _____ (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M.D. or other) D.O. Address Stewartville Date signed 4-19-43

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

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 G. Bram

Licensed Embalmer No. *3933*

P. O. Address *Wayville*

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, above space should be left blank.