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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 8859

Township: — Primary Registration District No.: 1001 — Registered No.: 288

City: St. Joseph. (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME John F. Fankhauser

(a) Residence. No. Colonial Hotel. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 29, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	2	19	

8. OCCUPATION OF DECEASED 108
(a) Trade, profession, or particular kind of work: Farmer, retired 10 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer): 131 928
(c) Name of employer: 122

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Peter Fankhauser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 2/2 (STATE OR COUNTRY) Switzerland.
12. MAIDEN NAME OF MOTHER: Katie Geiman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Switzerland.

14. INFORMANT: W.A. Fankhauser (Address) St. Joseph, Mo.

15. FILED MAR 19 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 18, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3-18-, 1931 that I last saw him alive on 3-18-, 1931, and that death occurred, on the date stated above, at 11.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo-Carditis = Followind Lobar
Pneumonia - ad Chronic -
Brights = albumn - 4 + -
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lung and Kidney - years -
Infection (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Pneumonia - 3 w/r - Hotel -
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical -
(Signed) B.B. SIMMONS - M.D.
3/19/, 1931 (Address) 123½ [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: Mar, 20, 1931

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.

MAR 21 1931