

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.

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

14857
Do not use this space.

REC'D MAY 11 1939

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. St. John Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Lowell Fain
 (a) Residence, No. Niangua, Missouri St. Niangua, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<input checked="" type="checkbox"/>	<u>18</u>	<u>1</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Webster County 0
 (STATE OR COUNTRY) Missouri 0

FATHER
 13. NAME James F. Fain 0
 14. BIRTHPLACE (CITY OR TOWN) Webster County 0
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Gertrude Petet
 16. BIRTHPLACE (CITY OR TOWN) Webster County
 (STATE OR COUNTRY) Missouri

17. INFORMANT James F. Fain
 (ADDRESS) Niangua, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Niangua, Mo. DATE April 6 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED April 4 1939 Charles George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939, to April 4 1939
 I last saw him alive on 4/3 1939 Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
acute ruptured appendicitis 3/10/39
thrombophlebitis 3/14/39
 Date of onset

Other contributory causes of importance: None

Name of operation Appendectomy Date of 3/24/39
 What test confirmed diagnosis? Culture Was there an autopsy? Yes

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? No
 If so, specify
 (Signed) J. H. Schull M. D.
Geo. Wad. Criswell
Piceluff

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.....

L. Deakin Gorman

..... Licensed Embalmer No..... 3177

..... P. O. Address..... Springfield, Mo.....

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.