

Registration District No. 284

Primary Registration District No. 4/68-4

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Rural - Freedom township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 5 months years, months or days)

3. (a) PRINT FULL NAME SORA FAIRCHILD 624

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

4. Sex T 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WILL FAIRCHILD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 10 1879
 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation House

11. Industry or business _____

12. Name Bill Miller

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Mary Ann Miller

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature R. J. Clark

(b) Address Clarkston Mo

17. (a) Burial (b) Date thereof 11-11-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Standfield Cem

18. (a) Signature of funeral director H. R. Gray

(b) Address Malden Mo 654

19. (a) 11-10-39 (b) J. B. Stimmitt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-0 day 10
 year 1939 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-9-39
 _____, 19____, to 11-10, 1939;
 that I last saw her alive on 11-10, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 6 mos

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. B. Stimmitt (M. D. or other) MD

Address Clarkston Mo Date signed 11/14/39

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.

RECEIVED

District Health Officer No. 3,

District File Number 1239-74

Date Filed 12/15/39

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 ~~my~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed V. H. Craig.....

Licensed Embalmer No. 2850.....

P. O. Address Malden, Mass......

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.