

Registration District No. 191

Primary Registration District No. 4114

Registrar's No. 21513

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

1. PLACE OF DEATH:
 (a) County Clark
 (b) City or town Luray
(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 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Clark
 (c) City or town Luray
(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.

3. (a) PRINT FULL NAME Edward Everett Fairbrother
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 1940 hour 3 AM minute _____ M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lottie Fairbrother 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 20 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to May 17 1940
 that I last saw him alive on May 17 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Angina pectoris Duration _____
 Due to _____
 Due to 94

9. Birthplace Wysconda Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER { 11. Industry or business _____
 12. Name Philo Fairbrother
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Thompson
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Otha Fairbrother
 (b) Address Luray Mo.
 17. (a) Burial (b) Date there May 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 175

18. (a) Signature of funeral director Clifford Cutting
 (b) Address Luray Mo.
 19. (a) June 24 1940 (b) Clifford Cutting
(Date received local registrar's certificate) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Lawrence E. Lowe (a) or other) 3
 Address Luray Mo. Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 6-40-1313

Date Filed June 26 1940

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.....

May 17-1940

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Alvin L. Tuttle

Licensed Embalmer No.....

2965A

P. O. Address.....

Lurray 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.