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39
23159

Registration District No. **038**

Primary Registration District No. **3028**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(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 Most of Life
years, months or days _____

3. (a) PRINT FULL NAME FONZY BELLE BIFFLE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Johnson Biffle (Dec) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Levi Laird

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

14. Maiden name Minerva Johnson

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

16. (a) Informant Margaret Biffle

(b) Address Fredericktown, Mo

17. (a) Burial (b) Date thereof 11-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Ripon

(b) Address Fredericktown, Mo.

19. (a) Nov 6-1940 (b) S. C. S. Coughlin
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 318 East Marwin
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1940 hour 1: P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct-25-1940
19____ to Nov-4- 19____
that I last saw h. al alive on Nov 4th (Fredericktown, Mo) 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failed
Pneumonia involvement of
left lung & lobes.

Due to _____
Due to _____

Other conditions 10⁵
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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? 481

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature M. B. Bacher (M. D. or other) _____
Address Fredericktown, Mo Date signed 11-6-

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

RECEIVED
NOV 10 1940

MOTHER FATHER

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

Stanley H. Dixon, Registered Apprentice No. 214
working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.