

JAN 13 1941

Registration District No. 218

Primary Registration District No. 5307

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Cooper Co. Mo  
(b) City or town Bunnerton  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution X  
In this community Life  
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Rural  
(d) Street No. Bunnerton - R. F. D.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 20  
year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Dec 12, 1940, to Dec 20, 1940  
that I last saw him alive on Dec 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Mitral Stenosis (?)

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 197

23. Signature Rastee (M. D. or other) \_\_\_\_\_  
Address Bunnerton Mo Date signed 12-21-40

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

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

8. (a) PRINT FULL NAME CHRISTIAN WILLIAM FAHRENBRIK

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Fahrenbrink 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. 13<sup>th</sup> - 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Henry Fahrenbrink  
13. Birthplace Germany  
14. Maiden name Gerda Schmach  
15. Birthplace Germany

16. (a) Informant Dora Fahrenbrink

(b) Address Bunnerton - Mo

17. (a) Burial (b) Date thereof 12-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Pine Cemetery

18. (a) Signature of funeral director A. G. Parker

(b) Address Bunnerton, Mo.

19. (a) 12-26-40 (b) D. Cooper  
(Date received local registrar) (Registrar's Signature)

**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.....

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

Signed *R. G. Parker*.....

Licensed Embalmer No. *23-49*.....

P. O. Address *Beriseton 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.**