

MAR 25 1941

State File No. \_\_\_\_\_

Registration District No. 229

Primary Registration District No. 5211

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Crawford

(b) City or town Bourbon "Rural"

(c) Name of hospital or institution: 1 Bonn Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Crawford

(c) City or town Bourbon "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.? 0 years.

**3. (a) PRINT FULL NAME** HENRY W. FAIRCHILD

3. (b) If veteran, name war 220

3. (c) Social Security No. 716

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June - 20 - 1851  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 3<sup>rd</sup>  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 28, 1941 to Mar. 3, 1941; that I last saw him alive on Feb 28, 1941; and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>89</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Acute Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Bradford Co. Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Minor Fairchild

**MOTHER FATHER**

12. Name Minor Fairchild

13. Birthplace Bradford Co. Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Goodwin

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

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

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

15. (a) Informant Ida Fairchild

(b) Address Bourbon R.F.D. No. 1

17. (a) Buried (b) Date thereof 3-5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Mo.

18. (a) Signature of funeral director Elbert Edging

(b) Address Bourbon Missouri

19. (a) Mar. 8 - 1941 (b) CW Adams  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

205 (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature H. F. Turn (M. D. or other) O

Address Lebanon Date signed Mar 5 1941

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

28

RECEIVED

District Health Officer No. 5,

District No. 341461

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**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

*Albert E. Long*

Licensed Embalmer No.

*3504*

P. O. Address

*Bourbon, 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.**