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APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11283

Registration District No. 508 Primary Registration District No. 5614 Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Livingston

(b) ~~City or town~~: Rural Chillicothe

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2½ miles S. E. Chillicothe, Mo.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 36 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

(c) City or town: Rural

(If outside city or town limits, write "RURAL")

(d) Street No.: 2½ miles S. E. Chillicothe

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Albert Edward Fast

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

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

6. (b) Name of husband or wife: Amelia M. Ponnington 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: August (Month) 28 (Day) 1870 (Year)

8. AGE: Years 70 Months 6 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace: Canton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: Owen Fast
13. Birthplace: Canton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Lizzie Kolon
15. Birthplace: Canton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. A. E. Fast

(b) Address: R. F. D. Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Shady Grove Com.

18. (a) Signature of funeral director: F. B. Norman Co.

(b) Address: Chillicothe, Missouri

19. (a) 3-28-41 (Date received local registrar) (b) H. M. Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1941 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 2, 1939, to March 1941, that I last saw him alive on March 24, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia	1 week
Due to: Chronic parenchymatous nephritis	2 yr
Due to: Hypertrophy of prostate	8 yr
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? (Specify type of place)

While at work? (e) Means of injury: ____

23. Signature: H. M. Grace, M.D. (M. D. or other)

Address: Chillicothe Date signed: 3-27-41

(Licensed Embalmer's Statement on Reverse Side)

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

Elton F. Norman & E. R. Norman (2574) Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4056

P. O. Address Chillicothe, Mo.

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

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