

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21398

State File No. _____

Registration District No. 169

Primary Registration District No. 5235

Registrar's No. 27

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Brunswick, Mo.
 (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 8 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town BRUNSWICK - RURAL
 (If outside city or town limit: 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 ADDIE FAIBIAN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 22nd
 year 1941 hour 6 minute 30 AM.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 7. Birth date of deceased March 14, 1900
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 21, 1941 to June 21, 1941
 that I last saw him alive on 6/21/41
 and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 3 Days 8
 If less than one day _____ hr. _____ min.

Immediate cause of death Tuberculosis
 Duration 5 yrs

9. Birthplace KANSAS CITY, MO.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation House Keeper

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

11. Industry or business: _____
MOTHER { 12. Name J. R. SMOOT
 13. Birthplace GALLATIN MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name Nellie Kelley
 15. Birthplace CHICAGO, ILL.
 (City, town, or county) (State or foreign country)

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

16. (a) Informant J. R. SMOOT
 (b) Address BRUNSWICK, MO

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? _____

17. (a) BURIAL (b) Date thereof 6/24/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SHAWNEE, KANS

(Specify type of place) _____
 While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director Meyer Funeral Home
 (b) Address Brunswick, Mo.

19. Signature John M. Wilson (M. D. _____)
 Address Brunswick, Mo. Date signed 6/23/41

19. (a) 6-23-41 (b) Harry E. Fataum
 (Date received local registrar) (Registrar's signature)

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

AUG 13 1941

Filed
District File Number
7-12-41

District Health Officer No. 8

RECEIVED

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

John H. Meyer

Licensed Embalmer No. 3930

P. O. Address Brunswick, 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.