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

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: Saint Bernard's Hosp
(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

3. (a) PRINT FULL NAME BEVERLY RUTH FAIN

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 — 11

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR. 27. 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>5</u>	hr. _____ min.

9. Birthplace SALINE Co Mo 11
(City, town, or county) (State or foreign country)

10. Usual occupation BABY.

11. Industry or business ✓

12. Name EARL FIMER FAIN

13. Birthplace JOHNSON Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH GRIBBITTS

15. Birthplace RICE Co KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Earl F. Fain

(b) Address Street Springs Mo

17. (a) BURIAL (b) Date thereof 4-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director R. C. CARTER

(b) Address SWEET SPRINGS Mo

19. (a) 4/4-42 (b) Miss Dora Hoffmann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

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

(d) Street No. Street Road Trunk
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour _____ minute 9.40 A.M.

21. I hereby certify that I attended the deceased from March 27, 1942, to April 1, 1942, that I last saw her alive on March 31-42, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis

Due to Premature Birth

Due to _____

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

Major findings: 159

Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature L. S. James M.D. (M. D. or other) _____

Address Blackburn Mo Date signed 4-1-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

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 _____

Licensed Embalmer No. 3513

P. O. Address _____

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, fact should be so stated above.