

FILED NOV 18 1942  
Registration District No. 291

Primary Registration District No. 423

86  
0

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

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MONROE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 68 YEARS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Wilson Township (Lemons, Mo.)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julian Fightmaster

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 SINGLE

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

7. Birth date of deceased NOVEMBER - 20 - 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Louis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name W.H. Fightmaster

13. Birthplace MONROE County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name MARY E PAYDEN

15. Birthplace De. No. 4 West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant W.H. Fightmaster

(b) Address Lemons Mo

17. (a) BURIAL (b) Date thereof Oct-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEMONS Mo.

18. (a) Signature of funeral director Sam Stank Funeral Home

(b) Address Unionville Mo By J.W. Stank

19. (a) 11-2-42 (b) Oct 14 1942  
(Date received local registrar) (Date of registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1942 hour 2 minute 30 PM

21. I hereby certify that I attended the deceased from Jan 7 1939 to Oct 12 1942  
that I last saw him alive on Oct-12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cancer - Renal Dis  
Duration ?

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

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

Other conditions (Include pregnancy within 3 months of death) 1310

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 J.H. Kobman (M. D. or other) \_\_\_\_\_

Address Unionville Mo Date signed 10-18-42

RECEIVED

District Health Officer No. 10

District File Number 11-42-2096

Date Filed NOV 16 1942

---

---

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 N. Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville, 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, fact should be so stated above.