

MAR 12 1943

Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 2

1. PLACE OF DEATH: Moniteau Co. Burris Fork-T.

(a) County: Moniteau Co. Burris Fork-T.

(b) City or town: Near Russellville, MO

(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 _____ (years, months or days)

8. (a) PRINT FULL NAME: Carl (Charley) Fahrni

8. (b) If veteran, name war _____

8. (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: Amy Campbell Fahrni 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 16 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Switzerland 5 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: Fredrick Fahrni

18. Birthplace: Switzerland 5 (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth ? Switzerland 5 (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs Amy Fahrni

(b) Address: Russellville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Enloe Cemetery

18. (a) Signature of funeral director: Wm. E. W. Plummer

(b) Address: Russellville, MO

19. (a) Feb. 11, 1943 (Date received local registrar) (b) Wm. E. W. Plummer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Moniteau, MO

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

(c) City or town: Rural- Burris Fork Township

(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.? 61 years _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 3, 1943, to Feb. 9, 1943; that I last saw him alive on Feb. 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction Duration: 3 weeks

Due to: Hypertension

Due to: arteriosclerosis

Other conditions: 95% (Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

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 _____

28. Signature: E. M. Eubank (M.-D. or other) MO

Address: Russellville, Mo Date signed: 2/11/43

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

68
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68
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723

MAY 26 1953

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

Henry W. Schubert

Licensed Embalmer No.

2820

P. O. Address

Russellville

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.