

FILED MAY 6 1943
Registration District No. 2079

Primary Registration District No. 5380

Registrar's No. 109

1. PLACE OF DEATH:

(a) County De Kalb

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

(c) Name of hospital or institution: Home Washington Inc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Five years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb

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

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM HENRY FAGAN

8. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 11:30 minute 04 M.

21. I hereby certify that I attended the deceased from Nov 19 1942, to Apr 18 1943, that I last saw him alive on April 17 1943 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Maudie 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 1 1880
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver & intestinal tract 6 mos.

8. AGE: Years Months Days If less than one day

62 4 17 hr. _____ min.

Due to _____

Due to _____

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

Other conditions Cancer of spinal spine 3 mos.
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations H&K

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John Fagan

13. Birthplace Irland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Paul

15. Birthplace Lowen MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Dr. Samuel Ferguson

(b) Address St Joseph St 50

17. (a) Burial (b) Date thereof 4-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale

While at work? _____ (Specify type of place)

(e) Means of injury ---

18. (a) Signature of funeral director John Brown

(b) Address Marshallville

19. (a) 4-30-43 (b) Dr. S. H. ...
(Date received local registrar) (Registrar's signature)

23. Signature JM Guter (Mr. D. or other) D.O.

Address Stewartville Date signed 4-19-43

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

32
0
0

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. *3933*

P. O. Address *Wayville*

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.