

V. S. No. 2  
 50M-5-42  
 Rev. 5-17-39  
 W I X32873

17783

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 115 Primary Registration District No. 4187

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

36  
5  
0

1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Union  
 (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 years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
 (c) City or town Union  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? No  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred A. Fahrner  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 494-26-4667

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 2 minute 00P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Mar. 22, 1870  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1932 to \_\_\_\_\_ 1943  
 that I last saw him alive on \_\_\_\_\_ 1943  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Coronary Sclerosis

8. AGE: Years Months Days If less than one day  
73 1 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Loutri Island, Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Gen. Insurance  
 11. Industry or business \_\_\_\_\_  
 12. Name Fred G. Fahrner  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Walker  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Germany  
 (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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

16. (a) Informant Lillian Mintrup  
 (b) Address Union, Missouri  
 17. (a) Burial (b) Date thereof 5-18-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation McKittrick, Missouri  
 18. (a) Signature of funeral director Donald W. Puffer  
 (b) Address Union, Mo.  
 19. (a) 5-17-1943 (b) Donald W. Puffer  
 (Date received local registrar) (Registrar's signature)

23. Signature J. M. Denny (M. D. or other) \_\_\_\_\_  
 Address Union, Mo. Date signed 5-17-43

FEB 16 1949

MAY 2 1949

MAY 2 1952

JUL 9 1951

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..... *Wm. H. Stone* .....

Licensed Embalmer No. *3175* .....

P. O. Address *Union, 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.**