

FILED JAN 10 1944

Registration District No. **210**

Primary Registration District No. **5773**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **Mercer County**  
 (b) City or town **Princeton, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **No**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **No**  
(Specify whether  
 In this community **all his life**  
years, months or days)

3. (a) PRINT FULL NAME **David S. Fair**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Hattie A. Fair** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **June 11, 1868**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **6** If less than one day  
hr. min.

9. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER  
 12. Name **Harrison G. Fair**  
 13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Worley**  
 15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jimmie Fair**

(b) Address **Princeton, Mo.**

17. (a) **buried** (b) Date thereof **Dec. 19 1943**  
(Burial, entombment, or removal) (Monthly, Day, Year)

(c) Place: burial or cremation **Pleasant Ridge**

18. (a) Signature of funeral director **Paul Mason**

(b) Address **Princeton, Mo.**

19. (a) **12-28-43** (b) **Jimmie Fair**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**  
 (c) City or town **Rural Morgan**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2 1/2 S of Princeton**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**  
 year **1943** hour **11** minute **20P** M.

21. I hereby certify that I attended the deceased from **Sept. 5**  
 19**42**, to **Dec. 17**, 19**43**;  
 that I last saw him alive on **December 17**, 19**43**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** Duration 35 da

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

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?

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

23. Signature **Byron J. Atwell** (M. D. or other) **D. O.**

Address **Princeton, Mo.** Date signed **12/19**

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Paul Mason

Licensed Embalmer No. 2634

P. O. Address Granatan, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 210

Primary Registration District No. 5773

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

1. PLACE OF DEATH:

(a) County Mercer

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

(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 Life years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME David S. Fair

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 11 - 1900  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

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

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. 3rd St W of Princeton  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. Day 17 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(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 labor) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

S-43071