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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3429

FILED FEB 14 1944

Registration District No. 125

Primary Registration District No. 5691

Registrar's No. 3

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jenn

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

(c) Name of hospital or institution: Brookfield - Route 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. Brookfield - Route #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NANCY-ELLEN-FAIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1944 hour 11 minute 30 A.M.

4. Sex F

5. Color or race W

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

(b) Name of husband or wife John R Fain

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20, 1944 to Jan 27, 1944 that I last saw her alive on Jan 27, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 3 Days 20 If less than one day hr. _____ min. _____

Immediate cause of death acute cardiac dilatation

9. Birthplace Jenn County - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Influenza 1-20-44

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name William Becket

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

14. Maiden name Jane Baxter

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

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Lesbia Burden

(b) Address Laclede - Mo.

17. (a) Burial (b) Date thereof Jan. 29 - '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Cemetery

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

PHYSICIAN

Underline the cause to which death should be charged statistically.

9504

19. (a) Jan. 31 - 1944 Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

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 _____

Signature W. M. J. Lamance (M. D. or other) 20

Address Brookfield, Mo. Date signed 1-29-44

457

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.