

FILED JUL 14 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21240

Do not use this space.

1. PLACE OF DEATH

(a) County 1500 Registration District No. 50
 (b) Township ? Primary Registration District No. 40-7-15179 Registered No. 17
 (c) City ? (d) Street No. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Pearl Fairfox
 (a) Residence, No. New 2 La Monte, Mo. St. □ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard P. Fairfox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

FATHER 13. NAME John P. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown France

MOTHER 15. MAIDEN NAME Beth Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

17. INFORMANT (ADDRESS) Jess Fairfox
2-2 La Monte, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE May 25 1944

19. FUNERAL DIRECTOR (ADDRESS) Lowrey Funeral Home
La Monte, Mo

20. FILED July 8 1944 Edith Nelson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1944

22. I HEREBY CERTIFY, that I attended deceased from April 16 1944 about 10 AM

I saw him on Death is said to have occurred on the date stated above, at some time before

The principal cause of death and related causes of importance were as follows: gun shot
8 PM on Apr. 15-1944 Date of onset

Found floating in Lake
of Cooper Co. near La Monte, Mo.
just before 8 PM of April 15-1944
on post mortem. Coroner
John P. Hill
contributory causes of importance:
Referred to her death by
gun shot, wounds inflicted
by hands of deceased

Name of operation 107 Date of ?

What test confirmed diagnosis? 107 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury ? 1944

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury shot + beheaded

Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) John P. Hill (Address) Off. Woolery Co. Coroner
Camden, Mo

RECEIVED
District Health Officer No: 71
District File Number 6-44-847
Date Filed 7-13-44

STATEMENT BY LICENSED EMBALMER

I, Abbie Bankson Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

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.)

B
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36930

State File No. _____

Registration District No. 50

Primary Registration District No. 15179

Registrar's No. _____

1. PLACE OF DEATH

(a) County Candler
(b) City or town Rural Osage Sup
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Mrs Pearl Fairfax
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 24
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 1 (if less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (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 _____
(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 by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Candler
(c) City or town Rural Osage Sup
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day _____
year 1944 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)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

21240