30508

. S. No. 2
00M—2-43
ev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 928

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2018 Francis Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2244 Eugene Field Avenue 7
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lionel Fairfax

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Ella Fairfax

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

7. Birth date of deceased September (Month) 20 (Day) 1863 (Year)

8. AGE: Years 80 Months 11 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Lesmahagow (City, town, or county) 4 Scotland (State or foreign country)

10. Usual occupation Retired Supt.

11. Industry or business Public Schools

FATHER
12. Name William Fairfax
13. Birthplace Lesmahagow (City, town, or county) 4 Scotland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 Scotland (State or foreign country)

16. (a) Informant Nellie J. Stubbs
(b) Address 2244 Eugene Field Ave., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/17/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw, Illinois

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 9/16/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th.
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Sept 16, 1944
that I last saw him alive on Sept 15, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	Unknown
Due to: Arteriosclerosis General	h
Due to: ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

928

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

23. Signature Gustav A Lair (M. D. or other) MD
Address Wm Bldg St Joseph Mo Date signed 9/16/44

1377 (Licensed Embalmer's Statement on Reverse Side)

OCT 6 1904

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 Elbert P. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address S. Joseph, Missouri.

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.