. S. No. 2
0M—2-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5 3 2 1

State File No. 37555

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: South Moniteau Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper 27
(c) City or town: South Moniteau Twp. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Grace LouElla Fain

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: L.E. Fain

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: August (Month) 19th. (Day) 1897 (Year)

8. AGE: Years 47 | Months 3 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Cooper County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: A.T.Patterson
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Clara E. Vanetten
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: L.E.Fain
(b) Address: Clarksburg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: New Zion

18. (a) Signature of funeral director: Jennie E. Richards
(b) Address: TIPTON-Mo

19. (a) 12-2-1944 (Date received local registrar) (b) Jennie M. Nedels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 1944 to Nov 30 1944 that I last saw him alive on Nov 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Lungs	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: G. H. Knapp (M.D. or other) D.O.
Address: Clarksburg, Date signed 12/2/44

101 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-6-44

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: James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Iowa

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.