

FILED JUN 14 1945

Registration District No. 5

Primary Registration District No. 4014

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Fairfax  
(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 ✓  
In this community 31 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Fairfax  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME IOA BELL FAUVER

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
7. Birth date of deceased September 15 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown Holley

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Richard Pearce  
(b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof 5/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfax, Mo.

18. (a) Signature of funeral director Thaspin J. Scholer  
(b) Address Fairfax, Missouri

19. (a) 5-13-45 (b) Mrs. H. O. Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 45 hour 9:00 minute 10 A M.  
21. I hereby certify that I attended the deceased from Feb.  
2, 1945, to May 13, 1945;  
that I last saw her alive on May 9, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion Duration 10 min.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/40  
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 H. C. Bannan (M. D. or other) MD  
Address Fairfax, Mo. Date signed 5/13/45

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

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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.

District Health Officer No. 11;

District File Number.....

Date Filed.....

Signed *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, 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.