

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20924

State File No. _____

FILED JUL 9 1945
Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community All her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 324 S. Hamilton
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NANCY FAIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 25th
year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-25-45
1945, to 6-25, 1945

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife HENRY FAIN 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased NOVEMBER 17 1878
(Month) (Day) (Year)

that I last saw her alive on 6-25-1945
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage of brain in region of 4th ventricle

8. AGE: Years 66 Months 7 Days 8 If less than one day _____ hr. _____ min.

Due to (only saw after she had her stroke one time)

Due to _____

9. Birthplace NEWTON COUNTY MO.
(City, town, or county) (State or foreign country)

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

Major findings: Of operations g3w

Of autopsy _____

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name FRANK SEYERS

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

14. Maiden name SARAH LEWIS

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

16. (a) Informant Ruby Fain

(b) Address 324 S. Hamilton

17. (a) Burial (b) Date thereof 6-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1st Cemetery, Neosho, Mo.

18. (a) Signature of funeral director Paul M. Perry

(b) Address Neosho, Missouri

19. (a) June 26, 1945 (b) Paul M. Perry
(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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Paul Adams (M. D. or other) MD

Address Neosho, Mo. Date signed 6/24/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1110

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

RECEIVED JUL 3 1945

District Health Officer No. _____

District File Number 645-117

Date Filed JUL 3 1945

Signed Orling M. Dungey

Licensee Embalmer No. 3566

P. O. Address Wuske 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.