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5-43
17-39
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FILED SEP 13 1945

State File No. _____

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town 6 of Maryville 2 1/2 miles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Polk Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Leslie Fare

3. (b) If veteran, name war World war 1
3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Shattie Verbick
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec 13-1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Fairfield Okla 1
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business _____

MOTHER FATHER {
12. Name James Fare
13. Birthplace Unknown Okla 1
(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 Native Fare

(b) Address Ravenwood MO

17. (a) Burial (b) Date thereof 8-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravenwood Amity

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Maryville Mo

19. (a) 8-23-45 (b) Amey Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Ravenwood
(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 Aug, day 22nd
year 1945 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from not attended
19____ to 19____;
that I last saw him alive on not seen 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Injury by Truck Collision Duration Instant death
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: no operation
Of operations _____
Of autopsy no autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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) accident

(b) Date of occurrence Aug 22nd 1945

(c) Where did injury occur Near Maryville Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - Highway
(Specify type of place)

While at work? _____ (e) Means of injury Auto Collision

23. Signature L E Dean - Coronet (M. D. or other)
Address Maryville MO Date signed 8-22-45

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

SEP 20 1965

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.....

..... Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept

Registrar's No.

136

Registration District No.

251

Primary Registration District No.

5853

1. PLACE OF DEATH:

(a) County Madamey
 (b) City or town Rural Park miss.
 (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
years, months or days)

3. (a) PRINT FULL NAME

John L. Fair3. (b) If veteran,
name war.3. (c) Social Security
No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married,
divorced m

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

7. Birth date of deceased Dec 13 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace Okla
(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

17. (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 local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Injury
Collision with
another truck. Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 17008
27

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence Aug. 22, 1941(c) Where did injury occur? Main Highway - 71
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - Highway 71

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

23. Signature L. E. Dean Corones
(M. D. or other)

Address Maryville Mo Date signed 9-15-45

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

SUPPLEMENTARY

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUIRED

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

S-28087