S. No. 2
1—8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3223

State File No.

FILED FEB 15 1946

Registration District No. 181 Primary Registration District No. 3040 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
806 Leeper Street
(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 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Leeper Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JANET SUE FAIRCHILD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1945 (Year)
8. AGE: Years 0 Months 5 Days 10 If less than one day hr. min.
9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Milford Fairchild
13. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Leona Long
15. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Milford Fairchild
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) 1-11-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jamary day 16th year 1946 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Jan 9 1946 to Jan 9 1946 that I last saw her alive on Jan 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio - Pneumonia — Duration
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓ No

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 Reuben Barry (M. D. or other)
Address Chillicothe Mo Date signed 1-9-46

171 (Licensed Embalmer's Statement on Reverse Side)

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

1511

DISTRICT HEALTH OFFICE.
Cameron, Mo.

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 Elton F. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.