

FILED APR 12 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 294

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town S. CAMPBELL TWP - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U.S. MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs, 7 mos, 29 days
(Specify whether
In this community 6 yrs, 7 mos, 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Montana (b) County Silver Bow
(c) City or town Butte
(If outside city or town limits, write "RURAL")
(d) Street No. 713 Utah Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fergus FAY #1965-H

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December 7, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 23 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Fergus Fay

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

14. Maiden name Marie Otts

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

16. (a) Informant File
(b) Address MCEP

17. (a) Burial (b) Date thereof April 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred O. Thieme

(b) Address Springfield, Mo.

19. (a) 4-2-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 1,
1939, to March 30, 1946
that I last saw him alive on March 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis, pulmonary, active, far advanced, bilateral.

Duration
approx. 4 mo.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3/2

Of autopsy Tuberculosis-lungs, spleen.

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 E. W. Morehead (M. D. 1905)
Address Medical Center for Fed. Prisoners signed 4-1-46

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..... *Fred C. Thieme*.....

Licensed Embalmer No..... 2899.....

P. O. Address..... Springfield, 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.