6. No. 2
—8-43
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

9934

State File No. 29

FILED APR 10 1946

Registration District No. 172 Primary Registration District No. 3034 Registrar's No.

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town HIGGINSVILLE
(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 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE
(c) City or town HIGGINSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 1902 WALNUT ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN EDWARD FAHRMEIER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA LOUISE FAHRMEIER
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased MARCH (Month) 19 (Day) 1867 (Year)

8. AGE: Years 78 Months 11 Days 8 If less than one day hr. min.

9. Birthplace WARREN COUNTY (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name Chris Fahrmeier
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant TROY E TANKESLEY
(b) Address HIGGINSVILLE, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MARCH 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation EVANGELICAL CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA, MO.
19. (a) March 2-46 (Date received local registrar) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27 year 46 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from April, 1946, to Feb 27, 1946 that I last saw him alive on Feb 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	2 wks
Due to Arteriosclerosis	many years
Due to	
Other conditions (Include pregnancy within 3 months of death) 836	

Major findings:
Of operations Carcinoma check - 1936 cured ~~excision~~ by cauting
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 W. Koppenhaver (M. D. or other)
Address Higginsville, Mo Date signed 2-28-1946

(Licensed Embalmer's Statement on Reverse Side)

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

154

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-46

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 me, Registered Apprentice No., working under my personal supervision.

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia 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.