

FILED APR 24 1946

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community #2
And the Hospital Nursing Home #2.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)
 In this community 81 yrs

3. (a) PRINT FULL NAME Clara Henry Fast
 3. (b) If veteran, name war 2
 3. (c) Social Security No. 1

4. Sex W Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lellan May Fast
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased: Sept 27 1868
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 13
 If less than one day _____ hr. _____ min.

9. Birthplace Waco Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business _____
 12. Name: Ernest Henry Fast
 13. Birthplace Kirksville Adair
(City, town, or county) (State or foreign country)
 14. Maiden name Josephine Parsons
 15. Birthplace Waco Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Patricia Fast
 (b) Address Hardland MO
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 3-14-46
(Month) (Day) (Year)
 (c) Place: burial or cremation New Hope

18. (a) Signature of funeral director S. J. Christie
 (b) Address Ballata MO
 19. (a) 3-15-46 (b) W. H. Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macomb
 (c) City or town Ballata
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
 year 1946 hour 5 minute 50 P.M.
 21. I hereby certify that I attended the deceased from February 26, 1946, to March 12, 1946.
 That I last saw him alive on March 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory collapse
 Due to myocarditis

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

Major findings:
 Of operations _____
 Of autopsy 932

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) (c) Means of injury
 23. Signature Claus A. Thueder D. or other _____
 Address Kirksville, MO Date signed 3-12-46

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10968

RECEIVED

District Health Officer No. 10

District File Number 4-46-846

Date Filed APR 22 1946

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address St. Plata 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.