

FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1321 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 78 Years (Specify whether years, months or days)
In this community 78 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1321 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John Fassnacht

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

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 Aug. 27, 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Untoagen County Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Conrad Fassnacht

13. Birthplace unk. Germany (City, town, or county) (State or foreign country)

14. Maiden name Christine Hass

15. Birthplace unk. Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed J. Fassnacht

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 4-9-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-8-46 (b) Dr. W.E. Handley (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1946 hour 6 minute 45p. M.

21. I hereby certify that I attended the deceased from 4:30 p.m. 4/6 to April 7, 1946, that I last saw him alive on April 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Myocarditis
Due to Chronic Nephritis

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

Major findings: ✓
Of operations ✓
Of autopsy ✓

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 M. J. [unclear] (M. D. or other)
Address 324 [unclear] Date signed 4/8/46

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

MOTHER FATHER

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 Walter E. Hamella
Licensed Embalmer No. 3808
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.

X