S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25934

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Chaffee
(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 All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee
(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

3. (a) PRINT FULL NAME Carl Fatchett

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-28-2685

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rena Fatchett

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 10, (Day) 1906 (Year)

8. AGE: Years 40 Months 2 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Frank Clay (City, town, or county) Mo (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business

FATHER
12. Name Thomas J Fatchett
13. Birthplace Irondale (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sallie Compton
15. Birthplace Palmer (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Sallie Fatchett
(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo

19. (a) 7/18/46 (Date received local registrar) (b) G B MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1946 hour 5 30 minute A M.

21. I hereby certify that I attended the deceased from 8-10-44, 19__, to 7-17-46, 19__; that I last saw him alive on 7/10/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Amyotrophic Lateral	3 yrs
Due to Sclerosis	
Due to Dehydration	4 Mos
Other conditions (Include pregnancy within 3 months of death) Starvation Paralysis	
Major findings: Of operations Paralysis of throat	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. O. Finney (M.D. or other)

Address Chaffee Mo Date signed 7-18-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 746 971
Date Filed 7-30-46

JUN 21 1958

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 Mamie Bupleaghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.