

S. No. 2
M-5-42
7. 5-17-39
X32873

Dr. Feller
40220
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1947
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 1036

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:
643 W. Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 Years
(Specify whether years, months or days)

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. 643 W. Central
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Dan P. Fahrney
3. (b) If veteran, name war No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21
year 1946 hour 12 minute 35a. M.
21. I hereby certify that I attended the deceased from 12-16
1946 to 12-21 1946
that I last saw him alive on 12-18 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mollie Fahrney
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Dec. 6 1856
(Month) (Day) (Year)

Immediate cause of death
Nephritis
Due to Influenza
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 33B
Duration 14 da

8. AGE: Years 90 Months 0 Days 15
If less than one day hr. min.

9. Birthplace Timberville W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Springfield Planing Mill

12. Name Peter Fahrney

13. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Theresa

15. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant C.L. Fahrney

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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

(b) Address Springfield, Mo.

19. (a) 12-24-46 (b) C.E. Feller M.D.
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0
23. Signature C.E. Feller (M. D. or other)
Address Springfield Mo Date signed 12-21-46

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

JAN 20 1947

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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. Samuels
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.