

FILED OCT 8 1947

State File No. ....

Registration District No. 1947

Primary Registration District No. 6043

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Seligman  
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Seligman  
(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 Christopher C. Fawver

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 widowed

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

7. Birth date of deceased January 26 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 5 29 hr. min.

9. Birthplace Hancock County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Mrs. C. R. Brown

(b) Address Seligman, Missouri

17. (a) Burial (b) Date thereof 7-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seligman Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Sept 11-1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th  
year 1947 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 46 to July 25 1947  
that I last saw him alive on July 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Toxemia, due to Chronic cystitis, & chronic colitis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 107

Duration  
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) Means of injury

23. Signature C. R. Brown (M. D. or other)  
Address Seligman Mo Date signed 7/26/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6;  
District File Number 947-982  
Date Filed SEP 30 1947

SEP 10 1950

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.....

William N. Elkins, Registered Apprentice No. 495-  
working under my personal supervision.

Signed J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.