S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30308

Primary Registration District No. 4036

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4th & Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 39 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 4th & Cherry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Louis Theodore Fajen

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~ M

6. (b) Name of husband or wife Mary Adeline Fajen

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 24 (Day) 1869 (Year)

8. AGE: Years 78 Months 1 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Cole Camp (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Claus Fajen
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Holsten
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr Lawrence Fajen
(b) Address Kansas City, Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Booth
(b) Address Rich Hill, Mo.

19. (a) 9-13-1947 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1947 hour 12 minute 30A M.

21. I hereby certify that I attended the deceased from ____ 1947, to ____ 1947, that I last saw him alive on Sept 12 1947, and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration

Due to ____

Due to ____

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

Major findings:
Of operations ____

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 ____ (M. D. or other)

Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-47-1087
Date Filed 9-15-47

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 Harold M. Douglass Registered Apprentice No. 410, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.