

FILED OCT 19 1947

State File No.

Registration District No. 974

Primary Registration District No. H6-47

Registrar's No. 62

1. PLACE OF DEATH:
Worth
(a) County
(b) City or town Grant City
(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 12 years (Specify whether years, months or days)
In this community

3. (a) PRINT Robert Sylvester Fadeley
FULL NAME
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 married
6. (b) Name of husband or wife Nellie Norman Fadeley
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 29, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 21
If less than one day hr. min.

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

10. Usual occupation Co. Supt. of Schools
School teaching

11. Industry or business
12. Name Samuel Fadeley
13. Birthplace Martinsville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Stone
15. Birthplace Glasglow Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Fadeley
(b) Address Grant City, Mo.

17. (a) burial (b) Date thereof Sept. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Chapel Church

18. (a) Signature of funeral director Arch C. Dwyer
(b) Address Grant City, Mo.

19. (a) Oct 3 1947 (b) Lila C. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth
(c) City or town Grant City
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1947 hour Five minute 30 P. M.

21. I hereby certify that I attended the deceased from September 21 about 1 P. M. to Sept 21 5.30 P. M.
that I last saw him alive on September 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Gun shot wound in head
Self Inflicted
Due to Insanity
Duration 4 1/2 HRS
Few Months

Due to

Due to

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) Suicide

(b) Date of occurrence Sept 21 1947

(c) Where did injury occur? Shot through Head.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
upstairs in Home

While at work? Self Inflicted
(Specify type of place) (e) Means of injury

23. Signature O. P. Lumberton (M. D. or other)

Address Redding Iowa Date signed 9/23/47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arch C. Dwyer

Licensed Embalmer No. *3252*

P. O. Address.....

Grant City, 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.