

Registration District No. **356**

Primary Registration District No. **6209**

Registrar's No. **125**

1. PLACE OF DEATH:
 (a) County **TEXAS**
 (b) City or town **RURAL PINEY**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **1 YR** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **TEXAS 107**
 (c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
 (d) Street No. **NEAR WAYNESVILLE**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOHN FAIR**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **4** years **1872**
 7. Birth date of deceased **JAN. 1**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) **KY. 1** (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER

12. Name **JAMES FAIR**

13. Birthplace _____ (City, town, or county) **TENN 1** (State or foreign country)

14. Maiden name **ELIZABETH DAY**

15. Birthplace _____ (City, town, or county) **TENN 1** (State or foreign country)

16. (a) Informant **ANNIS STITES**

(b) Address **HOUSTON, MO**

17. (a) **BURIAL** (b) Date thereof **11-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOUSTON**

18. (a) Signature of funeral director **Gaylord V. Elliott**

(b) Address **HOUSTON, MO**

19. (a) **Dec 3-47** (b) **Myrtle Craig**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **NOV.** day **27** year **1947** hour **1** minute **AM.**
 21. I hereby certify that I attended the deceased from **JAN 15**, 19**47**, to **NOV 27**, 19**47**, that I last saw him alive on **JAN 15**, 19**47**, and that death occurred on the date and hour stated above.
 Immediate cause of death **ABDOMINAL DROPSY**
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations **200A**
 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? _____
 While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature **J. R. Norwald** (M. D. or other) **MP.**
 Address **Houston, Mo** Date signed **11-28-47**

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

07
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RECEIVED

District Officer No. 5,

District File No. 1247734

Date Filed 12-24-47

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.