

FILED FEB 20 1948

Primary Registration District No. 4789

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Hawkpoint Mo.  
(c) Name of hospital or institution: /  
(d) Length of stay: In hospital or institution  
In this community In This Community  
years, months or days 14 yrs Feb 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57  
(c) City or town Hawkpoint Mo  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME

BOBBY LEE FASSE

3. (b) If veteran, name war none

3. (c) Social Security No. 496-32-1607

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
year 1948 hour 11 minute 50P M.

21. I hereby certify that I attended the deceased from 1947 to 1948  
that I last saw him alive on 2/10/48  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Mitral valve Regurgitation  
Due to Rheumatic fever

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

PHYSICIAN Underline the cause of 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(e) Signature: J. L. Berch (M. Mo.)  
Address: Hwy Mo Date: 2/10/48

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

MOTHER FATHER

4. Sex M O 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  
7. Birth date of deceased May 11 1933

8. AGE: Years 14 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Hawkpoint Missouri

10. Usual occupation Pupil at School

11. Industry or business

12. Name Samuel F. Fasse

13. Birthplace Warren County Missouri

14. Maiden name Kate Carl

15. Birthplace Cleburn Missouri

16. (a) Informant Kate Busch

(b) Address Hawkpoint Mo.

17. (a) Burial (b) Date thereof 2-13-48

(c) Place: burial or cremation Hawkpoint Cem.  
(d) Signature of funeral director Wayne Mealy  
(e) Address Hwy Mo  
(f) Date received local registrar 2-14-48 (g) Emma B. Riddle (Registrar's signature)

RECEIVED  
District Health Union No. 9,  
District File Number 2/18/48  
Date Filed 2/18/48

**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 Wayne McCoy  
Licensed Embalmer No. 3584  
P. O. Address Jroy 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.