

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7955
Registrar's No. 315

Registration District No. 42 Primary Registration District No. 15134

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. #1 St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
in this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1. St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Albert Fankhauser

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>77</u>	<u>11</u>	<u>16</u>	hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Peter Fankhauser

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

14. Maiden name Frankie Gieman

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

16. (a) Informant Miss. Mattie Fankhauser

(b) Address R. #1 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

(e) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colton St., St. Joseph, Mo.

19. (a) 3-15-48 (b) W. A. Fankhauser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 11, 1947 to March 12, 1948;
that I last saw him alive on March 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency, unknown
Due to arterio sclerosis General

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 937
Of autopsy _____

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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Meierhoffer (M. D. or other) MD
Address W. A. Fankhauser, St. Joseph, Mo. Date signed 3/13/48

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 *Raymond W. Morehead*
Licensed Embalmer No. 4413 Missouri
P. O. Address St. Joseph, 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.