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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 23 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. 36328
Registrar's No. 25

Registration District No. 174

Primary Registration District No. 4234

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Ironton
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 3 da.
In this community life

3: (a) PRINT FULL NAME John Wesley Fahland
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Letha Fahland
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 15 1875

8. AGE: Years 73 Months 0 Days 18
If less than one day hr. min.

9. Birthplace Iron County Missouri
10. Usual occupation retired

11. Industry or business
12. Name William Fahland
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Letha Fahland
(b) Address Pilot Knob Missouri
17. (a) burial (b) Date thereof 11-6-48
(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director White Funeral Home
(b) Address P. White Ironton Missouri
19. (a) 11-16-48 (b) Avis Young

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Pilot Knob
(d) Street No.
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 3
year 1948 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from 6-7 1948 to 11-3-1948
that I last saw him alive on 11-3 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

Due to hypertensive heart disease
Due to generalized arterio-sclerosis
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature P. E. Harland M.D.
Address Ironton, Mo. Date signed 11-9-48

RECEIVED

Sanitary Health Officer No. 4
District File Number 1148-143
Date Filed 11-22-48

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 Lucy White

Licensed Embalmer No. 3012

P. O. Address Sanitarium

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.