

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39464

State File No.

Registrar's No. 406

Registration District No. 43

Primary Registration District No. 3009

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1024 Alice St. 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 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler 12
 (c) City or town Poplar Bluff, Mo. 7
(If outside city or town limits, write "RURAL")
 (d) Street No. 1024 Alice St. 3
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME LEWIS WILLIAM FAIRCHILD
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 3
 year 1948 hour 2:15 minute _____ P. M.

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Nov. 11, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 Sept 18 to 3 Dec 48
 that I last saw him alive on 25 Nov 48
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 0 22 _____ hr. _____ min.

Immediate cause of death Coronary Occlusion Duration 1 day
 Due to Arteriosclerosis & Hypertensive heart disease ?
 Due to _____

9. Birthplace Pine Bluff, Arkansas 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Porter
 11. Industry or business Mo. Pacific R.R.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 93D
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Ollie Fairchild
 13. Birthplace Pine Bluff, Ark. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Fairchild
 (b) Address Poplar Bluff, Mo.
 17. (a) Burial (b) Date thereof Dec. 8, 1948
(Burial, cremation or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation City... Poplar Bluff, Mo.
 18. (a) Signature of funeral director FRANK COTRELL
 (b) Address Poplar Bluff, Mo.
 19. (a) 12/11/48 (b) [Signature]
(Date received local registrar) (Registrar's signature) 35

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Poplar Bluff, Mo. Date signed [Signature]

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

JAN 1 1949

JAN 27 1949

RECEIVED

District Health Office No. 2,

District File Number 1246-1687

Date Filed 12-20-49

JUN 24 1949

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed Scott A. Bennett
Licensed Embalmer No. 3567
P. O. Address Poplar Bluff, 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.