

Mr Hughes

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43491  
Do not use this space.

JAN 11 1940

1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
(b) Township Clinton Primary Registration District No. 5488  
(c) City Clinton  
(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Emma Fahnstock  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF DECEASED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF John Fahnstock  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1853  
7. AGE YEARS 86 MONTHS 9 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME Jacob Weigle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Harrish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Lulu Belle Standtke Clinton, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Travis Chapel DATE Jan 1, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Warrant Funeral Service Clinton, Mo.

20. FILED 1-1 1940 Dr. J. R. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1936 to Dec 30, 1939  
I last saw her alive on Dec 30, 1939 Death is said to have occurred on the date stated above, at 8:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
Chronic myocarditis  
Date of onset Dec 30/39

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) S. B. Hughes M. D.  
(Address) Clinton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1503

RECEIVED

District Health Officer No. 7,

District No. Number 1-40-66

Date Filed 1-9-40

**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.....

*J. L. Vansant*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. L. Vansant*

Licensed Embalmer No.....

3779

P. O. Address.....

*Clinton, 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, above space should be left blank.**