

1939 OCT 12 1939

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

31879  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 920  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.  
(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. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harvey Edward Fankhauser

(a) Residence, No. Easton, Missouri R.R. #2 St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy Fankhauser</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 1, 1904</u>				
7. AGE	YEARS <u>34</u>	MONTHS <u>9</u>	DAYS <u>5</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Dairyman</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Buchanan County, Missouri.</u>				
FATHER	13. NAME <u>Arnold Fankhauser</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Buchanan County, Missouri.</u>			
MOTHER	15. MAIDEN NAME <u>Hulda Joss</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Buchanan County, Missouri.</u>			
17. INFORMANT <u>Dorothy Fankhauser</u> (ADDRESS) <u>Easton, Missouri Route #2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>September 8, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Faron Street, St. Joseph</u>				
20. FILED <u>Sept 8 1939 H. J. Matthews</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1939 to Sept. 6, 1939  
I last saw him alive on Sept. 5, 1939. Death is said to have occurred on the date stated above, at 5:30a m.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous appendicitis  
Date of onset Aug 27, 39

Other contributory causes of importance:  
General Peritonitis Aug 20  
Multiple abscesses of liver Aug 20  
Pylephlebitis Aug 20

Name of operation None Date of Aug 20

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ..... 19.....  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) H. J. Matthews M. D.  
(Address) 825 Charles St., St. Joseph

K. 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.

**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.....

*W. H. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

**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.**