

NOV 24 1939

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

36242
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
 (b) Township _____ Primary Registration District No. 4227 Registered No. _____
 (c) City West Plains (d) Street No. _____ 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 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

624 Roy H. Fairchild
 (a) Residence, No. 105 So. Curry 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Burch Fairchild
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1887
 7. AGE YEARS 52 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 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) Oct. 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OSKALOOSA, Kan.
 13. NAME Thomas Foster Fairchild
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Eliza Jane Howard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ora B. Fairchild (ADDRESS) West Plains, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. PLACE West Plains, Mo. DATE Oct. 18, 1939
 19. FUNERAL DIRECTOR (NAME) H. Thornburgh (ADDRESS) West Plains, Mo.
 20. FILED 16-18 1939 Vida W. Simons Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939 to Oct 15, 1939
 I last saw him alive on Oct 15, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset Oct 13, 1929
121
 Other contributory causes of importance:
Chronic myocarditis 1929
Chronic asthma 1939
Chronic nephritis 1924

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Ed. Royce Bohner M.D.
 (Address) West Plains, 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.

MARGIN RESERVED FOR BINDING

50M-1-12-39

JUL 12 1925

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,

Hal Thornburgh

or by

Registered Apprentice No., working under my personal supervision.

Signed *Hal Thornburgh*

RECEIVED
District Health Officer No. 5,

Licensed Embalmer No. *3408*

District File Number *1128258*
Date Filed *11829*

P. O. Address *West Plains, 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.