

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42649
Registrar's No. 163

Registration District No. 266

Primary Registration District No. 3022

1. PLACE OF DEATH: 2
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 S. Trinity St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 916 S. Trinity St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Turner Fairfax 612
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 5
year 39 hour 2 minute 20 P.M.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina Fairfax 6. (c) Age of husband or wife if alive 47 years

21. I hereby certify that I attended the deceased from 11-10
1935 to 12-5 1939
that I last saw him alive on 12-5 1939
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 15th 1867
(Month) (Day) (Year)
8. AGE: Years 72 Months 5 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic degenerative myocardial
Due to Age chronic nephritis 71
Due to Age

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Other conditions Chronic Prostatitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Riley Fairfax
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

MOTHER FATHER
16. (a) Informant's own signature Nina Fairfax
(b) Address Mexico, Mo.
17. (a) Burial (b) Date thereof Dec. 8, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Ed. E. ...
(b) Address Mexico, Mo.
19. (a) Dec. 5, 1939 (b) Blanche Neely
(Date received local registry) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H. J. Betton (M. D. or other) _____
Address Mexico, Mo Date signed 12-5-39

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-117

Date Filed JAN 9 1940

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.....

Earl E. Frecht

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

working under my personal supervision.

Signed

Earl E. Frecht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.