MAR 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10744

State File No. 4

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: --- (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether years, months or days) In this community 16 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville (If outside city or town limits, write "RURAL")

(d) Street No. 623 Fourth St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME William E. Fahrner

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alvina

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 18" (Day) ~~1869~~ (Year)

8. AGE: Years ~~71~~ 73 Months Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Ridgeway, Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frederick Fahrner
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Walker
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Steve Jackson

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29"/40 (Month) (Day) (Year)

(c) Place: burial or cremation McKittrick, Mo.

18. (a) Signature of funeral director Goodman & Roller

(b) Address Boonville, Mo.

19. (a) 3-27-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th. year 1940 hour 1 minute 30 p.M.

21. I hereby certify that I attended the deceased from Mar 26, 1940, 19__, to Mar 26, 1940; that I last saw him alive on Mar 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	12 hrs.
Due to: Coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. C. Beckett (M. D. or other)

Address Boonville, Mo Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
Vital Statistics Officer No. 8
File Number
Date Filed 4-11-20

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Me

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.