FILED JUN 4 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18502

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 West 20th 2. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Trenton (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Franklin Masters Fiehert 630
3. (b) If veteran, name war —
3. (c) Social Security No. 708-10-7889
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olive Fiehert
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Sept (Month) 25th (Day) 1901 (Year)

8. AGE: Years 38 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Yard Clerk
11. Industry or business Railroad
FATHER
12. Name Jim Mayes
13. Birthplace [illegible] (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Stella Huston
15. Birthplace Galt, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Olive Fiehert
(b) Address Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple grove Trenton Mo
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton Mo.
19. (a) May 22, 1940 (Date received local registrar) (b) Irene D. Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21th year 1940 hour 6:- minute P M.
21. I hereby certify that I attended the deceased from April 21, 1940, to May 20, 1940 that I last saw him alive on May 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of Lungs	1 year or more
Due to	
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? 300 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Duffy (M. D. ~~or other~~) 1
Address Trenton Mo Date signed May 21

(Licensed Embalmer's Statement on Rev

This man was adopted by Freherts
when a child
Irene Fair.

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 Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.