

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.

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

43022
Do not use this space.

JAN 17 1941

1. PLACE OF DEATH Warren, Fayette

(a) County Fayette Registration District No. 466

(b) Township Clay Primary Registration District No. 5022C Registered No. 25

(c) City Wellington. (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Herman F. Fahrmeier

(a) Residence, No. Wellington 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 62 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

FATHER 13. NAME William Fahrmeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren, Co. Mo.

MOTHER 15. MAIDEN NAME Wilhelmina Rogge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

17. INFORMANT Sam Fahrmeier (ADDRESS) Wellington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo. DATE Dec. 30, 40

19. FUNERAL DIRECTOR (NAME) W. Roy Ewen (ADDRESS) Wellington Mo.

20. FILED Jan 9 1941 F. M. Maxson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
I hereby certify that I acted as coroner at this death and that he came to his death by committing suicide by hanging and that there was no other cause of death involved.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

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? _____
If so, specify _____ (Signed) J. W. Case, M. D.
Lexington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Acting Coroner

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-13-41

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. P. Quinn
Licensed Embalmer No. 3070
P.O. Address Wellington MS

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.