

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. H

4
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSEFIELD
(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) 27 yrs 1 mo - 20 days

3. (a) PRINT FULL NAME John Wilbur Fagan

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 SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 19 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace MANSEFIELD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INVALID

11. Industry or business _____

12. Name JOHN FAGAN

13. Birthplace MANSEFIELD MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name DELLA BOX

15. Birthplace HAYTVILLE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Warble

(b) Address MANSEFIELD MISSOURI

17. (a) BURIAL (b) Date thereof JAN 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DENNIS CEM.

18. (a) Signature of funeral director Geo Steffe

(b) Address MANSEFIELD MO

19. (a) Jan 13 1941 (b) J. M. D. Short
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

(c) City or town MANSEFIELD
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 1941, to _____, 1941,
that I last saw him alive on Jan 9 and that death occurred on the 9 day and hour stated above.

Immediate cause of death Stroke Duration 4 days

Due to Influenza

Other conditions 27W
(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? _____

832 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. D. Short (M. D. or other) 200

Address Mansefield Date signed 1/13/41

RECEIVED

District Health Officer **NE. G.**

District File Number 541-743

Date Filed MAY 7 1949

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. P. Steffe

Licensed Embalmer No.

3221

P. O. Address

Mansfield

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, fact should be so stated above.