

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp Rural Williams Township
(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)
 In this community 74 Years:
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Cole Camp Rural
(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 Frederich Wilhem Fajen
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 13th
 year 1941 hour 11 minute 45 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs Mary Fajen Dead
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: November 20th 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10th, 1941, to June 17th, 1941
 that I last saw him alive on June 15th, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 26 If less than one day
 hr. _____ min. _____

Immediate cause of death Apoplexy Duration 7 days

9. Birthplace Cole Camp Missouri
(City, town, or county) (State or foreign country)

Due to Hypertension 220
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer
 11. Industry or business _____
 12. Name Claus Fajen
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Holsten
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bredche Fajen
 (b) Address Cole Camp Missouri
 17. (a) Burial (b) Date thereof June 20th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Trinity Lutheran emetery

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? _____

18. (a) Signature of funeral director E. L. Eukeloff
 (b) Address Cole Camp Mo
 19. (a) 6-19-1941 (b) SUE SELOVET
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. B. Bennett (M. D. or other) _____
 Address Cole Camp, Mo. Date signed 6-19-41

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

300

3000

RECEIVED

District Health Officer No. 74

District File Number 7-41-1078

Date Filed 7-3-41

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 E. L. Eickhoff
.....
Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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.