

FILLED OCT 21 1941

Registration District No. 592

Primary Registration District No. 5790

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Mont
(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 _____
In this community 38 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac O. Fairchilds

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 Married

6. (b) Name of husband or wife Lurena Fairchilds 6. (c) Age of 83 or wife if alive _____ years

7. Birth date of deceased 12/28/1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days I If less than one day _____ hr. _____ min.

9. Birthplace Vermillion Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Fairchilds

13. Birthplace Evansville, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Marono

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

16. (a) Informant Mrs I.O. Fairchilds

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 9/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Sept. 1, 1941 (b) Paul Neufuss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1941 hour _____ minute 6p M.

21. I hereby certify that I attended the deceased from Aug 13
1941 to Aug 30 1941

that I last saw h _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to Cerebral Haemorrhage 2 days

Due to Chronic myocarditis ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature James O. Helm (M. D. or other) _____

Address New Florence Mo. Date signed 9-8-41

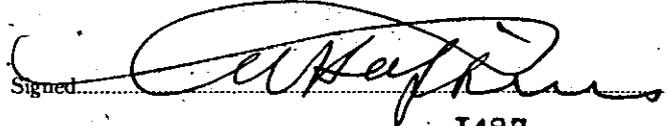
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7000

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..... **on the**
day of August 1941 - Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. **I487**

P. O. Address **Montgomery City Mis**

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.