No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41391

Primary Registration District No. 2001

Registrar's No. 990

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield C.T. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 901 W. Chase 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 901 W. Chase 6 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME WILLIAM BENNETT FAIRMAN.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTIE FAIRMAN

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 8 (Day) 1871 (Year)

8. AGE: Years ✓ 70 | Months 4 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown Kentucky 1 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Merchandising

FATHER
12. Name John H. Fairman
13. Birthplace Unknown Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Graham
15. Birthplace Unknown Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ira Fairman

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director C.W. Klingner & Co

(b) Address Springfield, Mo.

19. (a) 12-20-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 20, 1941, that I last saw him alive on Dec 20, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolus	
Due to Chr. Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. D. Voie (M. D. or other) M.D.

Address Springfield Mo Date signed 12/20/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.