

FILED FEB 16 1942

Registration District No. 1476

Primary Registration District No. 4551

Registrar's No. 5

1. PLACE OF DEATH: Morgan

(a) County Morgan

(b) City or town Stover  
(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 \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME JOAN FRANCES FAJEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female, race white

5. Color of 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 December 28 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stover Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Fajen

13. Birthplace Stover Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Stazel Smith

15. Birthplace Old Camp Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Fajen

(b) Address Stover Mo.

17. (a) Burial (b) Date thereof Jan 2/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stover Mo.

18. (a) Signature of funeral director R. J. Stevenson

(b) Address Stover Mo.

19. (a) Jan. 3, 1941 (b) Henry Rippe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Stover  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2<sup>nd</sup>  
year 1942 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 28  
1941, to Jan 2, 1942  
that I last saw her alive on Jan 1/2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Birth injury  
Hemorrhage brain

Due to poor

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: 160c

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

28. Signature J. F. Casbatt (M. D. or other) MO.

Address Stover Mo. Date signed Jan 2, 1942

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

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.

RECEIVED

District Health Officer No. 76

District File Number 7-42-85

Date Filed 9-11-42

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**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.....

P. O. Address.....

**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.**