

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6302

Registration District No. _____

Primary Registration District No. 5-264

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Porter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nixa - Route #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Fought.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Fought 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept. 16 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Fought
13. Birthplace Tenn
14. Maiden name Mary Jane Keltner
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ted Doran
(b) Address Nixa - Mo R-1

17. (a) Burial (b) Date thereof Feb. 13 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cem.

18. (a) Signature of funeral director J. N. Moxley
(b) Address Clever - Mo.

19. (a) Feb. 17, 1942 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1942 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1942
to Feb. 11, 1942
that I last saw him alive on Feb. 11, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis Duration 3 or 4 weeks

Due to _____

Due to 93d

Other conditions (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? _____

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

23. Signature W. B. Hanson (M. D. or other) _____
Address Nixa Mo Date signed 2-12-42

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

RECEIVED

District Health Officer, No. 6,

District File Number 342-298

Date Filed MAR 11 1942

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.W. Maples
Licensed Embalmer No. 2985-
P. O. Address Clever Mo

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.