

FILED NOV 9 1942

Registration District No. 318 / 126

Primary Registration District No. 5463

Registrar's No. ....

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Fair Grove, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fair Grove, Mo.  
(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 Missouri (b) County Greene  
(c) City or town Fair Grove, 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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 24  
year 1942 hour \_\_\_\_\_ min 3:00 PM

21. I hereby certify that I attended the deceased from Aug 1941 to Oct 24 1942  
that I last saw him alive on Oct 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Renal Vascular  
decomp. Duration 1-2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
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)  
(1) \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature May Sitch (M. D. or other) M.D.  
Address Greenville Mo Date signed 10-26-42

3. (a) PRINT FULL NAME L. V. (DELL) FAWCETT

3. (b) If veteran, name war ✓ 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 Ross Fawcett 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 8 - 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Java (State or foreign country)

10. Usual occupation Retired Farmer and Stockman

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

12. Name Melvin A. Fawcett

13. Birthplace Ohio (State or foreign country)

14. Maiden name Susan Shipman

15. Birthplace Canada (State or foreign country)

16. (a) Informant Ross Fawcett

(b) Address Fair Grove, Mo.

17. (a) Burial (b) Date thereof Oct 26 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. W. Ringman & Co  
(b) Address Springfield, Mo.

19. (a) Oct 26 1942 (b) William Adams  
(Date received local registrar) (Registrar's signature)

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

39  
0  
0

39

3

3

0

0

44

42

42

1-2 yrs

13/a

RECEIVED

Greene County Health Office,

County File Number 42-11-922

Date Filed 11/7/42

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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

*Max Rhodes*

Licensed Embalmer No.

4076

P. O. Address

*Springfield*

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.