

FILED AUG 7 1943  
Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill MO  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 53 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

(c) City or town Rich Hill MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 9th & Pine  
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME CHARLES JEREMIAH FANNSTOCK

3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1943 hour 7 30 minute — P. M.

21. I hereby certify that I attended the deceased from June 11th 1943 to July 21 1943  
that I last saw him alive on July 20 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife AMANDA FANNSTOCK 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased FEB 10 1862  
(Month) (Day) (Year)

Immediate cause of death Respiratory Failure

Due to myocardial decompensation

Due to Carcinoma of the Scalp

8. AGE: Years 81 Months 5 Days 11 If less than one day — hr. — min.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 53

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

10. Usual occupation LABORER

11. Industry or business —

12. Name FRANC FANNSTOCK

13. Birthplace DONT KNOW  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Lawrence Stewart

(b) Address Rich Hill MO

17. (a) Burial (b) Date thereof 7-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paperville

18. (a) Signature of funeral director Booth

(b) Address Rich Hill MO

19. (a) July 23 1943 (b) Mrs Edna Douglas  
(Date received local registrar) (Registrar's signature)

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 Taylor R. M. ... (M. D. or other) D.O.

Address Edgefield, Rich Hill MO. Date signed 7-22-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

7-43-73 2

8-5-42

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

*John J. Henderson*

Licensed Embalmer No. 3585

P. O. Address *Butler 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.**