

SEP 14 1943

28030

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 185

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

1. PLACE OF DEATH

(a) County Calhoun
 (b) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Dona Ann Fahrni

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 6 1892
 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Abe C. Enloe

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

14. Maiden name Rosetta Cornwell

15. Birthplace Marion Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Enloe

(b) Address Enloe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mathis Cem.

18. (a) Signature of funeral director Russell, Mo.

(b) Address Russell, Mo.

19. (a) Sept 8 1943 (Date received local Registrar) (b) Norma Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montana
 (c) City or town Russellville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 miles N.W.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st 1943 to Sept 5 1943 that I last saw alive on Sept 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 40 lb

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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address Jefferson City Mo Date signed 9-6-43

811 E.H.

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

Walter H. Schubert

Licensed Embalmer No.....

2870

P. O. Address

Russellville, Tenn.

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.