

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 108836

**FILED APR 10 1945**

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 43

28  
1  
2

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada ~~Rural - Badger Prop.~~  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108  
(c) City or town Nevada Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#3 Badger Prop.  
(If rural, give location)  
(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Larry Douglas Fattig  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased March 15 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 18 hrs. 0 min.

9. Birthplace Nevada Missouri  
(City, town, or county) (State or foreign country)

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

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

MOTHER FATHER

12. Name Harvey Gavel Fattig  
13. Birthplace California Nebraska  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Ada Raggensen  
15. Birthplace Nebraska Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant F. Raggensen  
(b) Address Nebraska mo Rt 3

17. (a) Burial (b) Date thereof March 16 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Newton Burial Parl

18. (a) Signature of funeral director Jerry Funeral Home  
(b) Address Nevada Missouri

19. (a) 3-31-45 (b) Hazel B. Bensch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1945 hour 8 minute 10 P.M.  
21. I hereby certify that I attended the deceased from  
Mar 15 1945 to Mar 15 1945  
that I last saw him alive on Mar 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Birth pressure from very difficult labor & occiput Posterior Presentation  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none  
Of autopsy none 160 ad  
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) Means of injury \_\_\_\_\_

23. Signature W. R. Love (M. D. or other) MD  
Address Nevada mo Date signed 3/12/45

RECEIVED

District Health Officer No. 7,

District File Number 3-45-292

Date Filed 4-9-45

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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevala, Missouri

**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.**