

FILED JAN 9 1946

Registration District No. _____

Primary Registration District No. 5839

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Granby Rt 2100
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home Granby Rt # 2
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) Three years

3. (a) PRINT FULL NAME Dicea Melvina Fair

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

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

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

7. Birth date of deceased September 1st 1861
 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name P. G. Brock

13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Haret

15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Claude Fair

(b) Address Nesbys Missouri

17. (a) Burial (b) Date thereof Dec 6 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby MO

18. (a) Signature of funeral director The Christian Ministry

(b) Address Nesbys Missouri

19. (a) 12-12-1945 (b) M. L. Young
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
 (c) City or town Granby
 (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 December day 4th
 year 1945 hour 5 minute PM

21. I hereby certify that I attended the deceased from Nov 15 - 45
Dec 4 1945 to _____ 19____

that I last saw her alive on Dec 1 - 45 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage 1 Mo

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature P. G. Brock (M. D. or other) _____

Address Granby MO Date signed 12-9-45

1542

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No.
District File Number 1245-246
Date Filed 1/7/46

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 Warren H. Lammak

Licensed Embalmer No. 4400

P. O. Address Nevada, 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.