

FILED MAY 4 2 1946

Registration District No.

Primary Registration District No. 5317

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural, Kelley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers 0
(If rural, give location)

(e) Citizen of foreign country? No 1
(Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME Dora Fassler

3. (b) If veteran, name war: No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1946 hour 7 minute 30 P. M.

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

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

7. Birth date of deceased: October, 31, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-22-46
1946, to 4-24-46 1946;
that I last saw h. alive on 4-24-46 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 5 23 hr. min.

Immediate cause of death: Myocardial failure 3 wks.

Due to: arterial hypertension Ch.

Due to: -

Other conditions: Pneumonia 3 wks.
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace: Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: Louis Fassler

13. Birthplace: Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name: Katherina Holdener

15. Birthplace: Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant: M. J. Fassler (Brother)

(b) Address: Tipton, Mo. R.F.D.

17. (a) Burial (b) Date thereof: 4/26.46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Tipton, Mo.

18. (a) Signature of funeral director: James E. Richard

(b) Address: Tipton, Mo.

19. (a) 4/27/46 (b) Hellie Mullett
(Date received local registrar) (Registrar's signature)

Major findings: ✓

Of operations: ✓

Of autopsy: -

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? -

(Specify type of place)

While at work? ✓ (c) Means of injury: -

23. Signature: H. J. ... (M. D. or other) 0

Address: Tipton Mo. Date signed: 7/2/46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-2-66

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

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. MayRegistration District No. 24Primary Registration District No. 5317Registrar's No. 78

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)3. (a) PRINT
FULL NAME Dora Fessler3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced 56. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Oct 31
(Month) (Day) (Year)8. AGE: Years 80 Months _____ Days _____ (Less than one day)
hr. _____ min. _____9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 April
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
to _____, 19____;that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

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 sta-
tistically.

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 A. F. Dume (M. D. or other) ✓

Address _____ Date signed _____

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

11579

12074