

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19444

State File No. \_\_\_\_\_

FILED JUL 11 1946

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp  
(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 78 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry George Fajen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Dortha

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 24 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wahalla North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General Store

MOTHER FATHER { 12. Name Claus Fajen

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

14. Maiden name Catherine Holsten

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

16. (a) Informant Leonard Fajen

(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof June 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) - Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director: [Signature]

(b) Address Cole Camp Mo

19. (a) June 30 1946 (b) Pauline Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-14-46  
1946 to 6-24-46 1946;  
that I last saw him alive on 6-20-46 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to hypostatic pneumonia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy MI

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 2

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Cole Camp, Mo Date signed 6-26-46

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

18330

RECEIVED  
District Health Officer No. 7,  
District of Columbia  
Date Filed 7-9-46

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 E. L. Eickhoff  
Licensed Embalmer No. 730  
P. O. Address Cole Camp 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.