S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10096

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 7

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town STOVER (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) 1 YEAR

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

(c) City or town STOVER 71 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN PETER FAJEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET FAJEN

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JAN. (Month) 18 (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace STOVER (City, town, or county) MO (State or foreign country) 0

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name JOHN FAJEN 4
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNIE HOLSTEN 4
15. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS. MARGARET FAJEN

(b) Address STOVER MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-1-1947 (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEMETERY

18. (a) Signature of funeral director J. L. Stevenson

(b) Address STOVER, MO

19. (a) 4-5-1947 (Date received local registrar) (b) Wm L. Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28th year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 P
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? (Specify type of place) 3

While at work? (e) Means of injury

23. Signature Birch L. Medeiros (M. D. or other) Coroner

Address Versailles Mo Date signed 4-1-47

(Licensed Embalmer's Statement on Reverse Side)

212

JUN 3 1947
RECEIVED
District Health Officer No. 7,
District File Number 3-47-386
Date Filed 4-7-47

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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.