

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14457

FILED APR 12 1947

Registration District No. 22

Primary Registration District No. 5913

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Perry
(b) City or town McBride Mo.
(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 79-4-9 (Specify whether
In this community 79-4-9 years, months or days)

3. (a) PRINT FULL NAME Jacob Fahnestock
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Maggie Fahnestock
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Milberry Grove ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name George Fahnestock
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Allinger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Schade
(b) Address McBride Mo.

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

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 4-1-47 (Date received local registrar)
(b) Joe H. Allner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town McBride Mo.
(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 March day 30
year 1947 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Sept 3 1946
that I last saw him alive on Mar 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder
Duration 8 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. J. Schade (M. D. or other)
Address Perryville Mo Date signed Mar 5 1947

(Licensed Embalmer's Statement on Reverse Side)

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

79
0
0

RECEIVED

Health Officer No. 4
File Number 447-531
Date Filed 4-15-47

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.....

Frederic W. Bane

Registered Apprentice No. 510

working under my personal supervision.

Signed *Wallace Young*

Licensed Embalmer No.

P. O. Address.....

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.

4-1-4