

FILED MAY 29 1947

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17396

## 1. PLACE OF DEATH

County Jackson  
Township KC 7th  
City KC Mo (No. \_\_\_\_\_)Registration District No. 149  
Primary Registration District No. 1002File No. \_\_\_\_\_  
Registered No. 2277  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Name Dany Eugene Fales  
(a) Residence, No. 1508 N. College St. \_\_\_\_\_ Ward \_\_\_\_\_(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. (1) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wife the word  
Newborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-477. AGE YEARS MONTHS DAYS IF LESS than 1 day, 20 hrs. or 34 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) KC Mo. (STATE OR COUNTRY) \_\_\_\_\_13. NAME Grover E. Fales14. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY) \_\_\_\_\_15. MAIDEN NAME Mildred Mae Davidson16. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY) \_\_\_\_\_17. INFORMANT Mrs Grover Fales (ADDRESS) 508 N. College18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE 5/31/4719. UNDERTAKER First City Funeral Home (ADDRESS) Richmond, Mo.20. FILED 5-24 1947 Steraldine Holmes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 194722. I HEREBY CERTIFY, That I attended deceased from May 20<sup>th</sup>, 1947, to May 21<sup>st</sup>, 1947.I last saw him alive on May 21, 1947. Death is said to have occurred on the date stated above, at 10:07 p.m.

The principal cause of death and related causes of importance were as follows:

Aspiration Pneumonia Date of onset \_\_\_\_\_Other contributory causes of importance: 107

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1947

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? !

If so, specify \_\_\_\_\_

(Signed) Mildred B. Duer, M. D.(Address) 301 W. 47th St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

