

No. 2  
-12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33918**  
Registrar's No. **162**

Registration District No. **59** Primary Registration District No. **4099**

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

1. PLACE OF DEATH:  
 (a) County Cass  
 (b) City or town Pleasant Hill  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
800 Cedar /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Luther Wesley Fairchild  
 3. (b) If veteran, name war World War 1  
 3. (c) Social Security No. 495-01-11

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced marrie  
 6. (b) Name of husband or wife Lorette Fairchild  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased Nov. 7 1897  
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 7  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Sneadsville Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Scale erector

11. Industry or business American Scale Co.

MOTHER FATHER  
 12. Name Jacob S. Fairchild  
 13. Birthplace Unk.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Emaline Robinette  
 15. Birthplace Unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luther Fairchild

(b) Address 800 Cedar Pleasant Hill

17. (a) Burial (b) Date thereof 10-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. Oct. 27, 1947 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cass  
 (c) City or town Pleasant Hill  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 800 Cedar  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14  
 1 year 1947 hour 8 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from Oct. 14, 1947 to Oct. 14, 1947  
 that I last saw him alive on Oct. 14, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions ?  
(Include pregnancy within 3 months of death)

Major findings: 94A  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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 \_\_\_\_\_  
 23. Signature L. V. Munday, M.D. (M. D. or other) \_\_\_\_\_  
 Address Pleasant Hill, Mo. Date signed 10-18-47

FEB 20 1948

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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.....

Glen H. Hill....., Registered Apprentice No. 8  
working under my personal supervision.

Signed Allen Brunner  
Licensed Embalmer No. 3785  
P. O. Address Pleasant Hill, 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.