No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. ~~Don~~ Silsby
State File No. H.O. 37715
Registrar's No. 941

FILED NOV 20 1947
Registration District No. 1278

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Los Angeles 999 4 0
(c) City or town Los Angeles
(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

3. (a) PRINT FULL NAME Charles Fansler
3. (b) If veteran, name war No
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 Irene M. Fansler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1878 (Year)

8. AGE: Years 69 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Irene Fansler
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-3-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1947 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Oct 31, 1947, to Nov 1, 1947
that I last saw him alive on Nov 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	3 mo.
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No Autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury 0

23. Signature H. D. Silsby (M. D. or other)
Address 205 St. Louis St. Date signed Nov 3 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B Haughen, Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E Hamelin

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.