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7-39
K36671

State File No. _____

Registration District No. 4

Primary Registration District No. 4015

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Westboro
(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 10 Years
(Specify whether years, months or days)

In this community 10 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Berenice Irene Fay

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Dr Thos F Fay

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March-9th-1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Pittsburg Pa
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name John H McGarvey

13. Birthplace Pa
(City, town, or county) (State or foreign country)

14. Maiden name Alice Grace Carpenter
Pa

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Shost Fays of Pittsburg

(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 12-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove

18. (a) Signature of funeral director Light Turner
Westboro, Missouri

(b) Address _____

19. (a) 12-4-48 (b) Betty Custer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 2
year 1948 hour 7 minute 43 p.M.

21. I hereby certify that I attended the deceased from Nov 25, 1948, to Dec 2, 1948;
that I last saw her alive on Nov 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 min

Due to _____

Due to _____

Other conditions Angina Pectoris 5 mo
(Include pregnancy within _____ months of death)

Major findings: Of operations _____

Of autopsy gfb

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? Yes

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

23. Signature W. R. Sandfath (M. D. or other) Da

Address Maryville Mo Date signed 12-3-48

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

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.....

~~#####~~ A. R. Tucker #2....., Registered Apprentice No. 478

working under my personal supervision.

Signed *A. R. Tucker*

Licensed Embalmer No. 2824

P. O. Address Westboro, 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.