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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40802

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 178

1. PLACE OF DEATH:  
(a) County Mercer  
(b) City or town Princeton, Mo  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all her life years, months or days

3. (a) PRINT FULL NAME Hettie Ann Fair  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow?  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Oct. 16, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mercer Co., Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James H. Covey Mo. (City, town, or county) (State or foreign country)

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

14. Maiden name Graham (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Dollie Arnote  
(b) Address Princeton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Noel Moss  
(b) Address Princeton, Mo

19. (a) 12-30-48 (Date received local registrar) (b) M. J. Ruth (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mercer 65  
(c) City or town Princeton (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 23, 1947 to Dec. 27, 1948.

that I last saw her alive on Dec 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations g30

Of autopsy \_\_\_\_\_

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 9

23. Signature Theodore B. Ticken (M. D. or other) D.O.  
Address Princeton, Mo Date signed Dec 29, 1948

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Dec 29, 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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Noel Truss

Licensed Embalmer No. 2634

P. O. Address Campton N.H.

**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.**