DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29636

ISED 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YR (Specify whether years, months or days)

In this community 1 YR

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

(d) Street No. None (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William F. Fahr (Gahr)

3. (b) If veteran, name war. ____

3. (c) Social Security No. None

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Maggie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept (Month) 8th (Day) 1860 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1940 hour 8 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 5, 19 39 to Aug 1, 19 40 that I last saw h[illegible] alive on Aug 1st, 19 40 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	
Due to	
Due to 1 & 6	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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

8. AGE: Years 79 | Months 10 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Madison Ind. (City, town, or county) ____ (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ____

MOTHER / FATHER

12. Name Christian Fahr

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

14. Maiden name Mary Shaffer

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

16. (a) Informant's own signature Nattie Vogler

(b) Address 6228 Delor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Berry Man Mo

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6275 Delmar

19. (a) AUG - 1 1940 (Date received local registrar) (b) R. R. Meyer (Registrar's signature)

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 ____

23. Signature R. W. Jansen (M. D.)

Address Manchester Mo Date signed 8/1/40.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. All available information should be carefully supplied. AGE should be stated EXACTLY. HANDWRITING should be very legible.

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.....
Elbert E. White, Registered Apprentice No. 209,
working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 617 O Denver

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, above space should be left blank.