

REC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2036

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton 2 Registration District No. 207
(b) Township _____ Primary Registration District No. 4125-
(c) City Plattsburg, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 630 W. Clinton St. Plattsburg, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wiley Faust</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1879</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>59</u>	<u>7</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House painter</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House painting</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. Virginia</u>				
FATHER	13. NAME <u>John Van</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>D. S. S. S.</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939
22. I HEREBY CERTIFY That I attended deceased from June 18, 1921, to Jan. 10, 1939
I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Jan. 8,1939

Other contributory causes of importance:

Invalid for 5 years. arthritis, neuritis, gall bladder infection

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) A. W. Hayward, D.D., M. D.

20. FILED Jan 11, 1939 Bernice Chastain Local Registrar. 1939 (Address) Plattsburg, Mo.

STATEMENT BY LICENSED EMBALMER

I, Jas L Martin, Licensed Embalmer No. 860
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jas L Martin

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Jas L Martin
Licensed Embalmer No. 860

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.)