

DEC 12 1939

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

40283
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
(b) Township Wassawhat Primary Registration District No. 5762
(c) City or Charleston (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.

Registered No. 128

2. PRINT FULL NAME

CLARENCE FAUST
(a) Residence, No. Charleston R#1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 9, 1896

7. AGE YEARS 43 MONTHS 6 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Day Laborer
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) Mississippi

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Delia Wilson

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Gelix Faust
Charleston R#1

18. BURIAL (CREMATION, OR REMOVAL) PLACE Pulaski Co., Illinois DATE 11/26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ryan Funeral Home
Wassawhat, Illinois

20. FILED 11-28- 1939 J. D. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1939 to November 20, 1939
I last saw him alive on November 20, 1939 Death is said to have occurred on the date stated above, at 1:06 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 11/16

Other contributory causes of importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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 no
(Signed) C. C. Presnell, M. D.

(Address) Charleston, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

State Health Officer No. 2

License File Number

1339-378

Date Filed

12-5

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.