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.

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

42687
Do not use this space.

1. PLACE OF DEATH
(a) County Barry
(b) Township Roaring River
(c) City Eagle Rock, Mo.
Registration District No. 38
Primary Registration District No. 4055
Registered No.
(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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Faulkner
(a) Residence, No. Eagle Rock, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1880

7. AGE: Years 59 | Months 7 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Williamsville, (STATE OR COUNTRY) Mo.

FATHER
13. NAME Will Faulkner
14. BIRTHPLACE (CITY OR TOWN) Louisville, (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Rebecca Procter
16. BIRTHPLACE (CITY OR TOWN) Louisville, (STATE OR COUNTRY) Ky.

17. INFORMANT Rosa Hare
(ADDRESS) Eagle Rock, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparks Cemetary DATE Dec. 6, 1939

19. FUNERAL DIRECTOR Horine-Culver
(ADDRESS) Cassville, Mo.

20. FILED 12/14, 1939 Emma Weddington
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939 to Nov 24, 1939
I last saw him alive on Nov 24, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Renal Disease	12-1-1938
121	
Other contributory causes of importance: Chronic nephritis	

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? .....
If so, specify .....
(Signed) Charles A. Spears, M. D.
(Address) Cassville, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 140-62
Date Filed JAN 5 1940

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. C. Canada

..... L. E.

No. ..... or by J. C. Canada Registered Apprentice No. 225

working under my personal supervision.

Signed J. C. Calver

Licensed Embalmer No. 2584

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)