

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Catron
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No.
 In this community 24 10th 80 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 City or town Catron
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

FILED DEC 17 1940
 MAIL ROOM

3. (a) PRINT FULL NAME HERBERT FAUCETT

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years
 7. Birth date of deceased Oct 14 1937 (Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Catron (City, town, or county) MO (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name RICHARD FAUCETT
 13. Birthplace ARK. (City, town, or county) (State or foreign country)
 14. Maiden name BESSIE ABBOTT
 15. Birthplace ARK. (City, town, or county) (State or foreign country)

16. (a) Informant Richard Faucett
 (b) Address Catron, Mo.

17. (a) Burial (b) Date thereof Oct 22-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron

18. (a) Signature of funeral director W. J. ...
 (b) Address New Madrid Mo.

19. (a) 11-26-1940 (b) Wm O. Bannor (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
 year 1940 hour 7:30 minute _____ P.M.
 21. I hereby certify that I attended the deceased from 10-15-40
 _____, 19____, to 10-22, 19____
 that I last saw him alive on 10-21-40, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Pellagra Duration 6 mo.
 Due to Malnutrition
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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?
5 2 3 (Specify type of place) While at work? _____ (e) Means of injury _____
 23. Signature W. J. ... (M. D. or other) _____
 Address New Madrid Date signed 10-24-40

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

RECEIVED

District Health Officer No. 2,

District File Number 1240-17

Date Filed 12/2/40

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.