

**FEB 17 1941**

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

**3166**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County LA FAYETTE Registration District No. 464  
 (b) Township Spring Hill Primary Registration District No. 3627  
 (c) City Oak Grove RFD (d) Street No. 1 Registered No. 1 54 St.  
 (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**

Dorah A Faulkner  
 (a) Residence, No. 6 mi S.E. Oak Grove Mo (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 F.M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1855  
 7. AGE YEARS 85 MONTHS 5 Days 15 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bookkeeper  
 10. Date deceased last worked at this occupation (month and year) Oct 11. Total time (years) spent in this occupation 10 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

FATHER 13. NAME Nelson Faulkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Mary E. Kinke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Roy Kinke Oak Grove Mo RFD

18. BURIAL, CREMATION, OR REMOVAL Recessing Co. Rytown Mo DATE 1-29-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. O. Webb Oak Grove Mo

20. FILED 1-27-41 Miss E. M. Goodwin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1941, to Jan 26 1941, last saw her alive on Jan 26 1941. Death is said to have occurred on the date stated above, at 10:14 AM.

The principal cause of death and related causes of importance were as follows:  
Lobes pneumonia Date of onset Jan 26  
Septicemia

Other contributory causes of importance: 10 6

Name of operation none Date of none  
 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? no Date of injury none, 19 none  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify none  
 (Signed) [Signature] M. D.  
 (Address) Oak Grove Mo

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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6  
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WHITE PEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number 8-10-41  
Date Filed

**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 J. D. [Signature]  
Licensed Embalmer No. 2352

P. O. Address Oak Grove Md

**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.**