

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36316

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Stoddard Liberty Co

(b) City or town: Dexter Mo R 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: Faunila Louise Cressy

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: -C

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive: _____ years (Day) (Year)

7. Birth date of deceased: Oct 13 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 14 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Dexter r Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name: Robert Cressy

13. Birthplace: Decaturville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name: Grace James

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Nolan Cressy

(b) Address: Dexter Mo

17. (a) Burial (b) Date thereof: Oct-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Waters Funeral

(b) Address: Dexter Mo

19. (a) 11. 7. 1941 (b) Jennie Buelton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Stoddard

(c) City or town: Dexter Mo R 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 17
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Oct. 13, 1941, to Oct. 15, 1941,
that I last saw him alive on Oct. 15 AM, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: General weakness

Duration _____

Due to _____

Due to: Premature birth

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 159

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: S

23. Signature: J. J. Cannon (M.-D. or other) DO

Address: Dexter Date signed: 10/20/41

RECEIVED

District Health Office No. 2,

District File Number 1141-1543

Date Filed 11/12/41

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.