

V. S. No. 2
 OM-9-4-41
 rev. 5-17-39
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17279

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1942
 Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 79

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico City
 (c) Name of hospital or institution: Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. W. Jackson
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John A Faucett
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 14
 year 1942 hour 8 minute 31 P
 21. I hereby certify that I attended the deceased from 5-4
1942, to 5-13, 1942
 that I last saw him alive on 5-13, 1942
 and that death occurred on the date and hour stated above.

4. Sex M
 5. Color or race Colored
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Dk
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dk
 (Month) (Day) (Year)

Immediate cause of death Acute Pneumonia
Pneumonia Lobar
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

8. AGE:
 Years 53 Months -- Days --
 If less than one day hr. min.

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

10. Usual occupation Day laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Dk 9
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name Dk 9
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant C. F. Clark, Welfare officer

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 5/15/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Margaret H Machie
 (b) Address Mexico, Missouri

19. (a) May 15 - 1942 (b) Margaret H Machie
 (Date received local registrar) (Registrar's signature)

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.....
 23. Signature M. J. Ector (M. D. or other)
 Address Mexico, Mo Date signed 5-14-42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

4
 1
 2

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-42-1237

Date Filed JUN - 9 1942

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 Not Embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed Clara Kinsch

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo.

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, fact should be so stated above.