. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6591

FILED MAR 4 1943

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 79

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: one day Freeman Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin, (If outside city or town limits, write "RURAL")

(d) Street No. 615 Moffet (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BESSIE FAULKNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Faulkner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 6, (Day) 1880 (Year)

8. AGE: Years 62 Months 10 Days 30 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Adams
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Thomas
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mr. Roy Faulkner

(b) Address 615 Moffet Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Street

19. (a) 2-6-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febraury day 5 year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 2-4-43, 19 , to 2-5 , 1943 that I last saw her alive on 2-5 , 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	7
Due to Chr endocarditis	
Chr Interstitial nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

13/a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address Joplin Mo Date signed 2/6/43

1204

(Licensed Embalmer's Statement on Reverse Side)

48-2-128

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.