S. No. 2
I—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6592

State File No.

ED MAR 13 1943

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin R#1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Joplin, Rural R#1 (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)

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

3. (a) PRINT FULL NAME Walter E. Fawver
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 16 (Day) 1928 (Year)

8. AGE: Years 14 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Picher (City, town, or county) Okla (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Alexander Fawver
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Birdie Bryant
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Violet Smith
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Peace Cemetery
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo
19. (a) Feb. 3 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1943 hour 11 45 minute A M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on Did not see him alive 19; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
Due to Fly wheel of wood saw disintegrated
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

175a
3

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 149
(b) Date of occurrence Feb 3, 1943
(c) Where did injury occur? (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm lot (Specify type of place)
While at work? yes (e) Means of injury Buzz saw
23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Feb 3 '43

1180

(Licensed Embalmer's Statement on Reverse Side)

43-2-178

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, M

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.