

No. 2
-11-10-39
5-17-40
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34894**
Registrar's No. **15**

Registration District No. **144** Primary Registration District No. **5562**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Rural-Arcadia**
(c) Name of hospital or institution: **The Home for aged Baptists 5**
(d) Length of stay: **18 days**
In this community **18 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Iron**
(c) City or town **Rural-Arcadia**
(d) Street No. **The Home for aged Baptists**
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **George William Faulkner**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Dec. 26, 1863**

8. AGE: Years **79** Months **9** Days **29** If less than one day hr. _____ min. _____

9. Birthplace **Wayne County Missouri**

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Joseph Faulkner**

13. Birthplace **Wayne County Missouri**

14. Maiden name **Mary Hamilton (Familiar)**

15. Birthplace **Do not know Tennessee**

16. (a) Informant **J. H. Burney**

(b) Address **Drouton, Mo.**

17. (a) **Burial** (b) Date thereof **10-26-43**

(c) Place: burial or cremation **Arcadia, Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **25 White Drouton, Mo.**

19. (a) **10-26-43** (b) **Virginia P. Miller**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25** year **1943** hour **9** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 15th** to **Oct. 25th 1943** that I last saw him alive on **Oct. 25th 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **acute cardiac failure**
Due to **chronic myocarditis**

Other conditions: **Senility**

Major findings: Of operations _____ Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

28. Signature **J. E. Harland** Address **Drouton, Mo.** Date signed **10/26/43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1143-294

Date Filed 11-9-43

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Amel J. White.....

Licensed Embalmer No. 3412.....

P. O. Address Clinton Ill......

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.