

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

2000

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether  
In this community all of life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town 2 miles west of Marston  
(If outside city or town limits, write "RURAL") 072

(d) Street No. \_\_\_\_\_ (If rural, give location) 060

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME BOLLIE WAYNE FAUSETT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 16 1943 to Sept 21 1943  
that I last saw him alive on Sept 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Labor

Duration \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov - 7 - 1940  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 100

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 2 Months 10 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J. M. FAUSETT

13. Birthplace Mt. Vernon MO  
(City, town, or county) (State or foreign country)

14. Maiden name Patsy Ladd

15. Birthplace Hickman Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. FAUSETT

(b) Address Marston, Mo.

17. (a) Burial (b) Date thereof 9-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maund

18. (a) Signature of funeral director Richard Lund

(b) Address New Madrid, Mo.

19. (a) 9-30-43 (b) Mr. J. R. Parrett  
(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 Edward M. Papp (M. D. or other) \_\_\_\_\_  
Address Marston, Mo. Date signed 9-23-43

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

RECEIVED

District Health Office No. 2,

District File Number 1013-1360

Date Filed 10-20-43

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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 Leo H. Haggerty

Licensed Embalmer No. 3803

P. O. Address New Bedford, Ma

**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.**