

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 14

1. PLACE OF DEATH:  
(a) County Knox Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West Second Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 45 years  
years, months or days)

3. (a) PRINT FULL NAME LAURA ELLEN FAITH  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John William Faith 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased April 30, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 24 hr. min.

9. Birthplace Logan County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER  
12. Name Bayliss Wilcockson  
13. Birthplace Logan County, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Sharpless  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Hopper  
(b) Address Holden, Missouri.

17. (a) burial (b) Date thereof March 26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) 3-26-45 (b) Kathryn S. Canaday  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson 51  
(c) City or town Holden 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Second Street 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1945 hour 7:45 minute PM M.

21. I hereby certify that I attended the deceased from June 20, 1943 to March 24, 1945  
that I last saw her alive on March 23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
Due to Hypertensive Cardiovascular disease  
Due to

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —  
Of autopsy — 131 to 1

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) (c) Means of injury

23. Signature Kelly Rawlin (M. D. or other)  
Address Holden Mo Date signed 3/26/45

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

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

**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.....

*M J Canday*

Licensed Embalmer No.....

*3434*

P. O. Address.....

*Halderhus*

**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.**