. S. No. 2
00M—2-43
ev. 5-17-39
I X35627

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1945

State File No. 37551

Registration District No. 156 Primary Registration District No. 8001 Registrar's No.

**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: St Johns Hospital ( ) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether in this community 35 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 43
(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

3. (a) PRINT FULL NAME Roy Faulkner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 5, 1878 (Month) (Day) (Year)
8. AGE: Years 67 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Springfield (City, town, or county) Missouri ( ) (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER
12. Name J D Faulkner
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Cy nthia Perkins
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Miss LeVeta Haynes
(b) Address 410 Wall, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-27-45 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 23 year 1945 hour 3 minute a M.
21. I hereby certify that I attended the deceased from Nov. 20, 1945 to Nov. 23, 1945 that I last saw him alive on Nov. 21st, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardial failure | 8 mo. |
| Due to Prostate enlargement & urinary infection and | 1 yr. |
| Due to secondary uranium | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 D. T. Blanke (M. D. or other) M.D.
Address 607 Main, Joplin, Mo. Date signed 11-24-45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-11-917

## 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.**