S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26634

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 238

**1. PLACE OF DEATH:**

(a) County Adair

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

(c) Name of hospital or institution: A. S. O. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Linn

(c) City or town New Boston
(If outside city or town limits, write "RURAL")

(d) Street No. RFD, 6 miles west
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Guy Faulkner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alice Isabel Burns

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

7. Birth date of deceased March 13, 1900 (Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Faulkner
13. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Phillips
15. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Faulkner
(b) Address 218 W. Wood St, Brookfield MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo.

19. (a) Aug 25-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 23 year 1947 hour 6 minute 48 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1947, to Aug 23, 1947; that I last saw him alive on Aug 23, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypostatic pneumonia and sepsis | 24 hrs 6 days |
| Due to: Agranulocytosis | 8 days |
| Due to: ? | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 76 A

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 2

23. Signature M. T. Gutensohn (M.D. or other) AO

Address Kirksville, Mo. Date signed 8-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-47-1148
Date Filed SEP - 2 1947

## 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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.**