

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42134

State File No. _____

FILED DEC 29 1947 4
Registration District No. _____

Primary Registration District No. 3032

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
205 W. North St /
(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 72 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Eldred Hamilton Faulkner

3. (b) If veteran, name war no

3. (c) Social Security No. 487-169133

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Effie L Faulkner

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 2 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER

12. Name D. T. Faulkner

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Davis

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

16. (a) Informant Miss. Nellie F. Faulkner

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 12-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) 12-15-1947 (b) Seasonal Weatherfield
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL") 2

(d) Street No. 205 W. North St
(If rural, give location) 2

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1947 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12-14-47
19____, to 12-15-1947
that I last saw him alive on 12-14-47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to Arteriosclerosis, generalized?

Due to _____

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

Major findings:
Of operations AAA

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? _____

While at work? _____ (Specify type of place)

Means of injury 0

Signature Phlee Cooper (M. D. or other)

Address Warrensburg Date signed 12-15-47

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.....

W Jack Phillips, Registered Apprentice No. *14*
working under my personal supervision.

Signed *R Q Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.