

S. No. 2
M-2-43
5-17-39
PI X35697

Dr. Cook
9614

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 29 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 311 East 9th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville 10
(If outside city or town limits, write "RURAL") 1

(d) Street No. 311 East 9th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____ 0

3. (a) PRINT FULL NAME Robert Weir Faris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1948 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Faris 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 21 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-10-1947 to 3-17-1948; that I last saw him alive on 3-17-1948 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 11 Days 26 If less than one day hr. _____ min. _____

Immediate cause of death: Pulmonary Tuberculosis (right) 4 to 6 months

9. Birthplace Caruthersville Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Edward Faris

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

14. Maiden name Elizabeth Stapleton

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

Major findings: Of operations 10/18

Of autopsy _____

16. (a) Informant Annie Faris

(b) Address 311 E. 9th Caruthersville

17. (a) Burial (b) Date thereof 3-21-1948
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Little Prairie

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? _____

18. (a) Signature of funeral director La Forge Und. Co.

(b) Address 509 Ward Caruthersville, Mo.

19. (a) 3-20-48 (b) Theresa B. Weeks
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

Means of injury 0

23. Signature Dr. Cook (M. D. or other) MD
Address Caruthersville, Mo. Date signed 3-18-48

3-48-94

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.....

Boyd B. Willis, Registered Apprentice No. *19*
working under my personal supervision.

Signed *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Corinthville*

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.