REC'D JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42230
Do not use this space.

1. PLACE OF DEATH
(a) County Barton
(b) Township
(c) City Lamar
Registration District No. 40
Primary Registration District No. 4024
Registered No. 49
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert R. Faubion
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Iva Selvey Faubion
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 24-1881
7. AGE: Years 57 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laundry Man
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Milford Missouri

FATHER
13. NAME: Joseph Faubion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Missouri

MOTHER
15. MAIDEN NAME: Louisa Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Iva Faubion Lamar, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE Nov 3 1938
19. FUNERAL DIRECTOR (ADDRESS): Kondrtz's Lamar, Mo.
20. FILED Nov-3- 1938 Mrs Josephine Mynatt, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2nd 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1938 Nov 2 1938
I last saw h— alive on — 19..... Death is said to have occurred on the date stated above, at 11:10 a.m.
The principal cause of death and related causes of importance were as follows:

Was dead when I saw him.
Had myocarditis.
Must have been acute
Dilitation of heart.

Date of onset

Other contributory causes of importance:
Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Duncan, M. D.
(Address) Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12604

RECEIVED
District Health Officer No. 6,
District File Number 6-38-863
Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, Earl F. Kennedy, Licensed Embalmer No. 2247

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Sam E. Dempsey, Registered Apprentice No. 135

working under my personal supervision.

Signed Earl F. Kennedy

Licensed Embalmer No. 2247

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.)