

MARGIN RESERVED FOR BINDING

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

Rev. 5-17-39 50M-5-17-39

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 10 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44108  
Registrar's No. 15

Registration District No. 601

Primary Registration District No. 5796

1. PLACE OF DEATH:

(a) County Morgan - *Flower*  
(b) City or town *Flower* (Star Route)  
(c) Name of hospital or institution: *2*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution *4 1/2 years*  
In this community *Morgan Co MO* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Anna K. Faulwell*

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

4. Sex *Female* 5. Color or race *White*

6. (b) Name of husband or wife *Charles Faulwell* 6. (c) Age of husband or wife if alive *70* years

7. Birth date of deceased *9-17-78*  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>61</i>	<i>9</i>	<i>17</i>	hr. _____ min. _____

9. Birthplace *Morgan Co MO*  
(City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business \_\_\_\_\_

12. Name *Harry Frank*

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

14. Maiden name *Louise Bremer*

15. Birthplace *Morgan Co MO*  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature *A. W. Faulwell*

(b) Address *Flower MO*

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Flower MO*

18. (a) Signature of funeral director *C. F. Neumann*

(b) Address *Flower MO*  
19. (a) *Dec 5 1939* (b) *Wm. Arthur Scholes*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Morgan*  
(c) City or town *Flower MO*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *Star Route*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *3*  
year *1939* hour *1* minute *0* A. M.

21. I hereby certify that I attended the deceased from *Nov-15* 19*39*, to *Dec 3* 19*39*  
that I last saw her alive on *Dec 2nd* 19*39*  
and that death occurred on the date and hour stated above.

Immediate cause of death  
*(1) Cerebral Corditis*  
*(2) Nephritis Chronic*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) *12/3*

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature *S. S. Swartz* (M. D. or other) \_\_\_\_\_  
Address *Sedalia MO* Date signed *12/5/39*

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 7

District File Number 7-40-48

Date Filed 1-8-40

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**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 A. F. Neumerer  
Licensed Embalmer No. 3912  
P. O. Address Smithton 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, above space should be left blank.