

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

44356  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Tank Registration District No. 704

(b) Township Jonestown Primary Registration District No. 5933 Registered No. 44

(c) City Marionville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. \_\_\_\_\_ (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

2. PRINT FULL NAME Shirley Anne Faulson

(a) Residence, No. Marionville Mo St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
2	10	-	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

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) Marionville (STATE OR COUNTRY) Missouri

FATHER

13. NAME Clyde Faulson

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Paula Kerr

16. BIRTHPLACE (CITY OR TOWN) Pleasant Hope (STATE OR COUNTRY) Missouri

17. INFORMANT Clyde Faulson (ADDRESS) Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pleasant Hope DATE Sept 6, 1939

19. FUNERAL DIRECTOR (NAME) White-Evans (ADDRESS) Funeral Home  
Marionville Mo

20. FILED 9/6 1939 Miss. H. J. De Bevoise

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

<p><u>Smoothly</u> <u>sloughed while in bed</u> <u>with parents</u> <u>NO INQUEST</u></p>	Date of onset
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Other contributory causes of importance: 82

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) J. H. H. H. H. M. D.  
 (Address) Marionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

Health Officer No. 7,  
District No. 7-40-72  
Date Filed 1-9-40

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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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**