

FILED FEB 13 1940

Registration District No. 716

Primary Registration District No. 5945

Registrar's No. 2

1. PLACE OF DEATH: Pulaski  
(a) County Pulaski  
(b) City or town Crocker  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Pulaski  
(c) City or town Crocker  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME LOUIE CHARLES FAUST  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 9  
year 1940 hour 10 minute 15 A.M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Martha Lou FAUST  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 15 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9th, 1940 to Jan 9, 1940  
that I last saw him alive on Jan 9  
and that death occurred on the \_\_\_\_\_ and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Embolism and thrombosis of heart  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration 1/2 hr to 1 hour

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Merchant

11. Industry or business Hardware

12. Name Adam Faust

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

14. Maiden name unknown

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

16. (a) Informant's own signature Louie Faust  
(b) Address Crocker, Mo

17. (a) Burial (b) Date thereof Jan. 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crocker, Mo.

18. (a) Signature of funeral director E. H. Casey  
(b) Address Crocker, Mo.

19. (a) Jan 11/40 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 E. H. Casey (M. D. or other) \_\_\_\_\_  
Address Crocker, Mo Date signed 1/11/40

PHYSICIAN  
Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

**RECEIVED**  
working under my personal supervision.

District Health Officer No. 8

District File Number 240/63

Date Filed 2740

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**