B.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17707

Registration District No. 282 Primary Registration District No. 4166 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell, Mo. (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.

3. (a) PRINT FULL NAME SARAH F. FAUGHN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 13 - 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	20	hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business Home

FATHER
12. Name Tom Toler
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jones
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecil Stanfield

(b) Address Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Elder Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Mo.

19. (a) May 4-41 (Date received local registrar) (b) E. H. Landess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1941 hour 2: minute 20 P.M.

21. I hereby certify that I attended the deceased from April 28th, 1941, to May 2nd, 1941; that I last saw her alive on May 2nd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral-Vascular accident	5 days
Right Hemiplegia	
Due to Hypertension	
Due to nephritis	
Other conditions Chronic Parenchymatous nephritis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wallace A. Belony (M. D. or other) MD

Address Campbell Mo. Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 2,
District File Number 641-710
Date Filed 6/5/41

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 the above constitutes grounds for revocation of license.)

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