

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.

FILED MAR 20 1942
Registration District No. 5888

Primary Registration District No. 5665

1. PLACE OF DEATH:

(a) County Linn Boone P.O.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Linn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Virgil E. Faste

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, (married) divorced -

6. (b) Name of husband or wife Edna Faste 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 13 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farm

12. Name Edward Faste

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

14. Maiden name Edna Humble

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

16. (a) Informant's own signature Edna Faste

(b) Address Forsaker Mo

17. (a) Burial (b) Date thereof July 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Huntley Rollins

(b) Address Booneville Mo

19. (a) Feb. 14, 1942 (b) Mrs. Julia Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Booneville P.O.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: I was called for emergency treatment and did not see the patient till 20 minutes after the death. From the history of sudden onset and severe pain in left chest and under sternum I diagnose cause of death as Coronary thrombosis
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. J. La Mauer (M. D. or other) D.O.

Address Ladysburg Mo Date signed 3/17/42

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.....

L. W. Collins

Licensed Embalmer No. *11644*

P. O. Address *Brookfield*

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.