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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10081

Primary Registration District No. 6239

Registrar's No.

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Exeter Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days) 1

In this community: Four of five years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 005 0 0

(c) City or town: Exeter.
(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. 0

3. (a) PRINT FULL NAME: Geo. D. Faulkner

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: ----------

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mary Faulkner

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: June (Month) 4 (Day) 1878 (Year)

8. AGE: Years 63 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: ---------- (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ----------

MOTHER FATHER

12. Name: James Faulkner

13. Birthplace: ---------- (City, town, or county) Ark. 1 (State or foreign country)

14. Maiden name: Rachel Reed

15. Birthplace: ---------- (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant: Mrs. G. D. Faulkner

(b) Address: Exeter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 21 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Maplewood Cem.

18. (a) Signature of funeral director: Horine & Culver

(b) Address: Cassville, Mo. ✓

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, to Jan 19, 1942 that I last saw him alive on Jan 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e 1	
Major findings: Of operations	
Of autopsy	

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: W R McClure (M.D. or other) D.O.

Address: Cassville Date signed 1-19-42

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442 - 582
Date Filed APR 23 1942

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 R. Gordon Bennett
Licensed Embalmer No. 4213
P. O. Address Cassville, 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, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29208

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10081

Registration District No. 29 Primary Registration District No. 6239 Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Exter
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George D Faulkner
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 4 (Month) (Day) 1878 (Year)

8. AGE: Years 63 Months 7 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Mar. 6, 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 18 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY