

FILED AUG 1 1942

Registration District No. 385

Primary Registration District No. 4228

Registrar's No. 27

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

76
2
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1. PLACE OF DEATH:

(a) County... Howell

(b) City or town... Willow Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution... 1 Week
(Specify whether years, months or days)

In this community... 18 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Texas

(c) City or town... Rural - Willow Sogs. R.R. #3.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLIFFORD BUCHARD FAILING.

3. (b) If veteran, name war... World War I.

3. (c) Social Security No. 545-16-9236

4. Sex... Male

5. Color or race... White

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... Aug. 16, 1884.
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>57</u> | <u>7</u> | <u>26</u> | _____ hr. _____ min. |

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

10. Usual occupation Railroader

11. Industry or business... Railroader

12. Name... Rheo Failing

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

14. Maiden name... Alwilda Campbell

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

16. (a) Informant... Burns Funeral Home

(b) Address... Willow Springs, Missouri.

17. (a) Burial (b) Date thereof... 4-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... City Cemetery.

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

(b) Address... Willow Springs, Missouri.

19. (a) 4-11-42 (b) Janette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11, year 1942. hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from April 11 1942 to April 11 1942 that I last saw him alive on April 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death... Enlarged Heart

Due to _____

Due to _____

Other conditions... (Include pregnancy within 3 months of death) 95c²

Major findings: Of operations _____

Of autopsy _____

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 transport _____

23. Signature... Melvin Sprague (D. or other) _____ Date signed 4-18

RECEIVED

District Health Officer No. 5.

District File Number 742422

Date Filed 7-27-42

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 Thomas R. Burns, Jr.

Licensed Embalmer No. #4214.

P. O. Address Willow Springs, 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.