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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

Dr. McLean

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3029

Registration District No. 272 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78 3

(c) City or town Steele 0
(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 0

3. (a) PRINT FULL NAME Allie Faulkner

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 Colored

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased April (Month) 30 (Day) 1910 (Year)

8. AGE: Years 32 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Wash Faulkner
13. Birthplace — (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Judy White
15. Birthplace — (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant J.R. Roland
(b) Address Steele, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hernando, Mississippi

18. (a) Signature of funeral director German Undt. Co
(b) Address Steele, Missouri

19. (a) Jan 26, '43 (Date received local registrar) (b) Mrs. Dorothy Homes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1943 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from 8-1, 1942 to Jan 12, 1943
that I last saw her alive on Jan 12-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis
Heart becoming leaky

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

92d

Major findings:
Of operations

Of autopsy

Duration

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 D. C. McLean (M. D. or other)

Address Holland, Mo. Date signed 1-23-43

1208

(Licensed Embalmer's Statement on Reverse Side)

1-7-43

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 John W Bergman, Registered Apprentice No. 344 working under my personal supervision.

Signed Hubert J Brown

Licensed Embalmer No. 3789

P. O. Address Steele

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.