

APR 8 1945  
Registration District No. 1815

Primary Registration District No. 5691

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Boomer  
(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 In this community \_\_\_\_\_ years, months or days)

2. (a) PRINT FULL NAME Mrs Ella Facto

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Facto Deaf

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

7. Birth date of deceased Sept 24 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	5	13	hr. min.

9. Birthplace Adams Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jacob Humble

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

14. Maiden name Martha McKee

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

16. (a) Informant's own signature Ella Facto

(b) Address Boomer Mo

17. (a) Burial (b) Date thereof Mar 11-43  
(Burial, cremation, or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Logans Creek Cemetery

18. (a) Signature of funeral director Thos J. Patton

(b) Address Thos J. Patton

19. (a) March 10, 1943 (b) Mrs. Vera Rowland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Boomer  
(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. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7  
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-2, 1943, to 3-7, 1943; that I last saw her alive on 3-7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pneumonia-bronchial</u>	<u>5 dy</u>
Due to <u>Chronic myocarditis</u>	<u>yes</u>
Due to <u>Chronic int. nephritis</u>	<u>yes</u>
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>None</u>	PHYSICIAN <u>[Signature]</u> Underline the cause to which death should be charged statistically
Of autopsy <u>None</u>	

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 \_\_\_\_\_

23. Signature Lo G. French (M. D. or other) \_\_\_\_\_  
Address Brookfield Mo Date signed 3/9/43

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

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.

MARGIN RESERVED FOR BINDING

FORM 517-39 REVISED 1-1-1945

---

---

**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. Rollins*.....

Licensed Embalmer No. *1144*.....

P. O. Address *Brookfield 7205*.....

**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.**