

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 171

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

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth Hospital  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolla <sup>87</sup>  
(c) City or town New London <sup>0</sup>  
(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 Willie Lee Faith

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 Married

6. (b) Name of husband or wife Chas. I. Faith 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 3 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

12. Name Peter Arndt  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Alice McHatten  
15. Birthplace Pike county Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Faith  
(b) Address New London, Missouri  
17. (a) Burial (b) Date thereof June 6, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet cemetery  
18. (a) Signature of funeral director Ray P. Schwartz  
(b) Address 1000 Bldgway, Hannibal, MO

19. (a) 6-16-43 (b) R W Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1943 hour 3 minute 1 A. M.

21. I hereby certify that I attended the deceased from May 1 to June 15, 1943 that I last saw her alive on June 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis Duration \_\_\_\_\_

Due to 131f

Due to Chr nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy none 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_ Address [Signature] Date signed 6/15/43

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**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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Edway, Nannibal, 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.**