S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1944

Registration District No. 359

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19363

Primary Registration District No. 6221

Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County VERNON

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

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

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 74 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

(c) City or town Montevallo Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GEO. W. FAITH

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M. O

5. Color or race W.

6. (a) Single, widowed, married, divorced W. F.

6. (b) Name of husband or wife ALICE KELLEY

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

7. Birth date of deceased 1 (Month) 20 (Day) 1866 (Year)

8. AGE: Years 78 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Ft. Madison (City, town, or county) Iowa! (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name JACOB FAITH
13. Birthplace unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name MAHALA COX
15. Birthplace (City, town, or county) OHIO! (State or foreign country)

16. (a) Informant Jim Faith
(b) Address Montevallo

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Montevallo Mo.

18. (a) Signature of funeral director J B Berry & Sons
(b) Address Sheldon Mo

19. (a) 5-10-44 (Date received local registrar) (b) G. T. Myrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1944 hour 7 minute 5 A.M.

21. I hereby certify that I attended the deceased from Apr. 20, 1944 to May 7, 1944 that I last saw him alive on May 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis.

Due to Dont Know

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration Dont Know.

93e!

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. Love Mtn (M. D. or other)

Address Nevada Mo Date signed 5/8/44

1224

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File No. 5-44-739
Date Filed 6-12-44

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.