

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33810**

FILED OCT 19 1944

Registration District No. **42**

Primary Registration District No. **3007**

Registrar's No. **228**

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Butler

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

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

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

3. (a) PRINT FULL NAME George Wesley Faith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 10-3-44 1944 to 10-6-44 1944; that I last saw him alive on 10-6-44 1944; and that death occurred on the date and hour stated above.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Laura Essie Faith

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. 7, 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 78 Months 9 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Green County Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name William M Faith

13. Birthplace Davis County Ind.
(City, town, or county) (State or foreign country)

14. Maiden name MANN JONES

15. Birthplace Davis County Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Faith

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof Oct 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rombauer Mo

18. (a) Signature of funeral director Frank Gotell

(b) Address Poplar Bluff Mo

19. (a) 10-9-44 (b) Bill Turner
(Date received local registrar) (Registrar's signature)

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 D

23. Signature Charles H. Dutton (or other) MU
Address Poplar Bluff Date signed 10-7-44

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

RECEIVED

District Health Office No. 2,

District File Number 1044-1437

Date Filed 10-18-44

NOV 1 1944

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 Lawrence Green (296)

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.