

S. No. 2  
1-8-43  
5-17-39  
P-1 X37823

2:30 AM

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **8164**

Registration District No. **323**

Primary Registration District No. **4474**

Registrar's No. **61**

**1. PLACE OF DEATH:**

(a) County **Saline**  
(b) City or town **Sweet Springs**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**105 S Elm Street 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 **Life**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Saline 97**  
(c) City or town **Sweet Springs 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **105 S Elm 0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LOUIS H FALK**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lydia M Falk** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **December 26 1881**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **29** If less than one day **-** hr. **-** min.

9. Birthplace **Saline County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

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

MOTHER FATHER { 12. Name **Hedrick Falk**  
13. Birthplace **Morgan Co Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sallya Harner**  
15. Birthplace **Saline Co Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Ball**  
(b) Address **Sweet Springs Mo**

17. (a) **Burial** (b) Date thereof **2-27-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Springs Mo**

18. (a) Signature of funeral director **Leslie H Drury**  
(b) Address **Sweet Springs Mo**

19. (a) **2/26/46** (b) **Dolly Anderson**  
(Date received for registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb** day **with** year **1946** hour **2** minute **10** AM

21. I hereby certify that I attended the deceased from **Dec 26, 1945** to **Jan 25**, 19 **46** that I last saw him alive on **2/24/46**, 19 **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**

Due to **Chr. Valvular disease especially**

Due to **of mitral**

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

Major findings: Of operations \_\_\_\_\_ Of autopsy **g 2d**

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) (c) Means of injury **1**

23. Signature **Chas Barron M D** (M. D. or other) Address **Sweet Springs Mo** Date signed **2/25/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7  
3  
0

7113

293

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-12-46

MAR 25 1946

MAR 19 1946

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 ML  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Jesse Harney

Licensed Embalmer No.

2214

P. O. Address

Sweet Springs, 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.