

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9841

State File No.

FILED APR 13 1946

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Mc Cune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

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

If yes, name country.....

3. (a) PRINT FULL NAME Ora Alberta Fasken

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife Elmer Fasken

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 26 - 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	25	hr. min.

9. Birthplace Council Bluff Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Bush

13. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Sharpnack

15. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vance Bull

(b) Address Jasper Rt. # 2, Missouri

17. (a) Burial (b) Date thereof 3 - 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 3-22-46 (b) R. B. Covert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 7:00 minute 15A.M.

21. I hereby certify that I attended the deceased from 8/26/46 to 8/27/46
and that death occurred on the date and hour stated above.
that I last saw her alive on 3/20/46

Immediate cause of death Cerebral Hemorrhage
Duration 31 days

Due to Hypertension and arteriosclerosis

Due to

Other conditions None

Major findings: Of operations

Of autopsy 830

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) (c) Means of injury

23. Signature R. B. Covert (M. D. or other) M.D.
Address 407 Main St. Carthage, Mo. Date signed 3/21/46

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

MOTHER FATHER

159

46-3-243

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 *John J. Kennedy*
Licensed Embalmer No. *4197*
P. O. Address *Carthage, 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.