. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY. 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14237

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 121

1. PLACE OF DEATH:

(a) County St. Francois

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Elvins 3 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 1 (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Luther Andy Faulkner

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Ada Faulkner 6. (c) Age of ~~husband~~ or wife if alive 56 years

7. Birth date of deceased 23d (Month) Aug (Day) 1866 (Year)

8. AGE: Years 79 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St. Francois Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Geo. W. Faulkner
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Strickland
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ada Faulkner
(b) Address Elvins, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-46 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ East End Mo.

18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo

19. (a) 4-6-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day March year 1946 hour 6 AM minute M.

21. I hereby certify that I attended the deceased from 1-15 46, 1946, to 3-26, 1946 that I last saw him alive on 3-25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteria Sclerosis

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature Jas W. Hoffman (M. D. or other)

Address Bismarck, Mo. Date signed 4-4-46

(Licensed Embalmer's Statement on Reverse Side)

244

RECEIVED
District Health Officer No. 4
District File Number 546-21
Date Filed 5-8-46

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.

3. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 316 Primary Registration District No. 4462 Registrar's No.

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Elvins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luther A. Faulkner
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 23 1874 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-11-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 26 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — 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.

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

14237