

S. No. 2
M-5-43
7-5-17-39
P 1 X3667

DEPARTMENT OF COMMERCE, THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **31106**
Registrar's No. **58**

FILED SEP 18 1946
Registration District No. **3**

Primary Registration District No. **5917**

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

29937

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural St. Marys
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43-6-8 (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry **79**
(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? _____ (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Gilbert Favier Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bueleh Favier 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased January 28 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Coroner of Perry County, Mo. _____

Immediate cause of death Acute Cardiac Failure

Due to Stress on a Pathologic Heart

Due to Exertion

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.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employee City of Perryville Mo

11. Industry or business _____

MOTHER: 12. Name Joseph A. Favier

FATHER: 13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lena Turlin

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bueleh Favier
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 8-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) Aug 7 1946 (b) Joe J. Zollner
(Date served local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Natural

(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 _____

23. Signature C. M. Waldman (M. D. or other) Bo
Address Perryville Mo Date signed 8/7/46

(Licensed Embalmer's Statement on Reverse Side) Coroner of Perry County, Mo.

250

RECEIVED

District Health Officer No. 4
District File Number 946-2624
Date Filed 9-17-46

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 Charles Young

Licensed Embalmer No. 2138

P. O. Address Bennington, Va.

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.