

3. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33218**

Registration District No. **116**

Primary Registration District No. **5434**

Registrar's No. **108**

1. PLACE OF DEATH:

(a) County **Franklin.**

(b) City or town **New Haven, "Rural" St. John's**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R. #1. E. /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None.** (Specify whether)

In this community **20 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**

(c) City or town **Rural "New Haven!"** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **R. #1.** **0**
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Harry Jesse Faser.**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26th,**
year **1946** hour **6** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **December 17,**
1943 to **October 26,** 19 **46**
that I last saw him alive on **October 26,** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of ~~husband~~ wife **Serelda E. Faser.**

6. (c) Age of ~~husband~~ wife if alive **58** years

7. Birth date of deceased **June 9th, 1891**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** Duration **18 hours**

8. AGE: Years Months Days If less than one day

55 **4** **17** hr. min.

Due to **94A**

Due to

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

Other condition **Auricular fibrillation** **3 years**
(Include pregnancy within 3 months of death)

10. Usual occupation **Shoe-worker.**

Major findings: **with congestive failure**
Of operations **no operation**

11. Industry or business **X**

12. Name **Joseph Faser.**

13. Birthplace **St. Genevieve, Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Joan Scheuring.**

15. Birthplace **St. Mary's, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Serelda E. Faser**

(b) Address **New Haven, Mo. R. #1. E.**

17. (a) **Burial** (b) Date thereof **Oct. 30, 1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

(d) Signature of funeral director **Wiegand & Witt, Inc.**

(e) Address **Washington, Mo.**

19. (a) **10/28/46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Of autopsy **no autopsy**

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 _____

23. Signature **B. P. Giesmann** (M. D. or other) **M.D.**

Address **New Haven, Mo** Date signed **10/28/46**

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

MOTHER FATHER

99

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 11/2/46
Date Filed 11/2/46

FEB 17 1959

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 Lester A. Pitt
Licensed Embalmer No. 3254
P. O. Address Washington, Md.

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.