S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

Registration District No. 273

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3051

State File No. 5679

Registrar's No. 17

1. PLACE OF DEATH:

(a) County PERRY

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

(c) Name of hospital or institution: MOULTON 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 PERRY 79

(c) City or town PERRYVILLE, Mo 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME JOSEPH ALEX FAVIER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MARY E. TURLIN

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

7. Birth date of deceased OCT. (Month) 19 (Day) 18 56 (Year)

8. AGE: Years 90 Months 4 Days 17 If less than one day ..... hr. — min.

9. Birthplace PERRYVILLE (City, town, or county) Mo USA C (State or foreign country)

10. Usual occupation LABORER - (RETIRED)

11. Industry or business —

FATHER
12. Name JOSEPH FAVIER 5
13. Birthplace FRANCE (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 5
15. Birthplace FRANCE (City, town, or county) — (State or foreign country)

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

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 11 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. HOPE CEM. PERRYVILLE Mo

18. (a) Signature of funeral director Albert Bey
(b) Address PERRYVILLE MISSOURI

19. (a) 3-10-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8TH year 1947 hour 7:45 minute A- M.

21. I hereby certify that I attended the deceased from Mar 4, 1947 to Mar 8, 1947 that I last saw him alive on Mar 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic	2 day
Due to Influenza	5 day
Due to Chr. Myocardi	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
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) X

(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 [signature] (M. D. or other) 3-8-47

Address PERRYVILLE Mo Date signed

250

(Licensed Embalmer's Statement on Reverse Side)

EIVED

...th Officer No. 4

... 247-358

Date filed 3-12-47

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 LeRoy J Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.