

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8076**
Registrar's No. **107**

FILED MAR 25 1947
Registration District No. **43**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **BUTLER**

(b) City or town **Poplar Bluff Mo.**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **1 WEEK**
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **WAYNE**

(c) City or town **BUABANK "RURAL"**
(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 **Geo. Edw. Wiggins Faucett**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **JUNE 11 1876**
(Month) (Day) (Year)

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

70 8 7 hr. min.

9. Birthplace **MAYSVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **V. W. WRIGHT**

(b) Address **BUABANK, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **FEB. 21, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GRASS ROADS**

18. (a) Signature of funeral director **Marshall James**

(b) Address **Poplar Bluff, Mo.**

19. (a) **3/14/47** (b) **R. M. M... ..**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **18**
year **1947** hour **10:40** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 12 - 1947** to **Feb 18 1947**
that I last saw him alive on **Feb 18 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage left hemisphere**

Due to **Enlarged Hypertensive Cardio-vascular disease**

Due to **General arteriosclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **93D**

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

Signature **Marshall James** (Date or other) _____

Address **Poplar Bluff Mo 64654**

RECEIVED
District Health Office
District File Number 347-374
Date Filed 3-18-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.