S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9816

State File No.

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 All life

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

3. (a) PRINT FULL NAME Jesse Faulkner
3. (b) If veteran, name war None
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenie Ellen Calloway Faulkner
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased March (Month) 15 (Day) 1868 (Year)
8. AGE: Years 78 Months 10 Days 9 If less than one day hr. min.
9. Birthplace Lafayette County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name George Faulkner
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Leila Martin
(b) Address Carrollton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation African Cemetery
18. (a) Signature of funeral director Marshall Funeral Home
(b) Address Carrollton Mo
19. (a) Feb 26 1947 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 16, 1947, to Feb. 24, 1947, that I last saw him alive on Feb 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 days
Due to: arteriosclerosis generalized	3 yrs
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 Jordan Kelling M.D. (M. D. or other)
Address Kelling Clinic Waverly, Mo. Date signed 2/25/47

154 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-26-47

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 R M Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.