FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33230

Primary Registration District No. 3028

Registrar's No. 228

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 701 Morningside Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether)

In this community: 80 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage
(If outside city or town limits, write "RURAL")

(d) Street No.: 701 Morningside Dr.
(If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)

If yes, name country: None

3. (a) PRINT FULL NAME: William Greely FASKEN

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emma B. Fasken

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

7. Birth date of deceased: October (Month) 19 (Day) 1859 (Year)

8. AGE: Years 88 Months 11 Days 20 If less than one day hr. min.

9. Birthplace: Fairbolt, (City, town, or county) Minn. (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: None

FATHER
12. Name: Alexander Fasken
13. Birthplace: Unknown (City, town, or county) Minn. (State or foreign country)

MOTHER
14. Maiden name: Ammanda
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mr. William V. Fasken
(b) Address: 317 N. Main Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hackney Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage Mo.

19. (a) 10/12/48 (Date received local registrar) (b) R. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1948 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from May 27 1948 to Oct 9 1948 that I last saw him alive on Oct 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic interstitial	10 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of 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? (b) Means of injury

23. Signature: George H. Wood (M. D. or other) MD
Address: Carthage Mo. Date signed Oct 11 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-10-868

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 John S. Dennehy

John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage, 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.