

FILED JAN 20 1942

3-4-7349

Primary Registration District No. 5487

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Calhoun
 (b) City or town Calhoun
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 80 yr.
 In this community: 80 yr.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Calhoun
 (d) Street No.
 (e) Citizen of foreign country? No
 If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH FAITH

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FE 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Willis Faith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 25 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 25 Days If less than one day hr. min.

9. Birthplace Urban Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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 Mrs. Francis Barr

(b) Address Russell Point Ohio

17. (a) Burial (b) Date thereof Dec. 21-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Miss.

18. (a) Signature of funeral director T. W. Wilkerson

(b) Address 225 N. Main St.

19. (a) Dec. 21, 1941 (b) Georgia Kitchner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
 year 1941 hour 2 minute 10 AM

21. I hereby certify that I attended the deceased from 9-22 1941 to 12-19 1941
 that I last saw h.o.r. alive on 11-26 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Pericarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of 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) (b) Means of injury MD

23. Signature Eugene S. Neill (M. D. or other) MD

Address Calhoun Miss. Date signed 12-20-41

Duration 3 mo.
 ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

12
0
0

1669

65
RECEIVED

District Health Officer No. 7,

District File Number 12-41-2183

Date Filed 1-13-42

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.....

Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address.....

Clentony 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.