. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17245

Registration District No. 137 Primary Registration District No. 4216 Registrar's No. 117

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Calhoun (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Calhoun 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Elizabeth Faith
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 3 (Day) 1869 (Year)
8. AGE: Years 78 Months 2 Days 10 If less than one day hr. min.
9. Birthplace Warsaw (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Calvin Sellers
13. Birthplace (City, town, or county) Tenn / (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Melissa Parker (City, town, or county) (State or foreign country)
16. (a) Informant Wilbur Faith Tenn /
(b) Address Calhoun, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Cemet
18. (a) Signature of funeral director Gentry
(b) Address Calhoun Mo
19. (a) 5-16-47 (Date received local registrar) (b) R R Ramsey (Registrar's signature) 12 (?)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 7 30 minute AM.
21. I hereby certify that I attended the deceased from 2-15 1947 to 5-15 1947; that I last saw h alive on 5-15 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 da
Due to: apoplexy	3 mo
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 0

23. Signature H Swaden (M. D. or other) M.D
Address Clinton Mo Date signed 5-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-47-5-29
Date Filed 5-19-47

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 Jay Self, Registered Apprentice No. ____, working under my personal supervision.

Signed J. A. Hawsey

Licensed Embalmer No. 35-02

P. O. Address Calhoun Ga

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.