

S. No. 300
M-10-47
Rev. 5-17-39
I 3905

State File No. _____

FILED JUN 4 1948

Registration District No. 206

Primary Registration District No. 575/3042 Registrar's No. 83

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

2
1
1

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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 years, months or days) 45 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison (2)

(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? -No- (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Martha Ellen Faircloth

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 William Sherman Faircloth 6. (c) Age of husband or wife if deceased _____ years

7. Birth date of deceased May 17 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1948 hour 10 minute 55 a.m.

21. I hereby certify that I attended the deceased from Apr 27
_____, 1948, to May 20, 1948;

8. AGE: Years Months Days If less than one day
73 0 3 hr. _____ min. _____

that I last saw h. er alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of liver Duration 2 yrs

Due to Arterio Sclerosis with failing heart function

Due to _____

9. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Other conditions Chronic Colitis 6 Months

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name King David Rhodes

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

14. Maiden name Rewena Kinder

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

16. (a) Informant Noah Hale
(b) Address Fredericktown, Mo.

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? _____

17. (a) Burial (b) Date thereof May 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhodes Chapel Cemetery

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Harry Barron (M. D. or other) _____
Address Fredericktown Mo Date signed 5/21/48

18. (a) Signature of funeral director Webb-Adams
(b) Address Fredericktown, Mo.

19. (a) 5-25-1948 (b) Therence Hicker
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4
District File Number 648-715
Date Filed 6-3-48

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81

working under my personal supervision.

Signed.....

Frederick Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.