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

FILED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21835

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 160

1. PLACE OF DEATH:
(a) County Jackson
(b) ~~City or town~~ Rural - (Blue) 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 19th & Sterling 1
(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 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence, Mo. (~~Rural~~)
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 So Forest. 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Cecil Gregg Faulkner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Faulkner.
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July (Month) 11 (Day) 1893 (Year)
8. AGE: Years 47 Months 11 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace Little Rock. 1 Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Car Salesman
11. Industry or business
FATHER 12. Name Wm A Faulkner
FATHER 13. Birthplace 1 Georgia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Leda Faulkner
MOTHER 15. Birthplace Hannibal. 0 Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Anna Faulkner.
(b) Address 1115 So Forest. Indep Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence. Mo.
19. (a) June 16 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 6-14-41 year ..... hour ..... minute 7-45 A.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.
Dr. Cornell
Immediate cause of death Fracture Dislocation, Neck
Due to Rail Road Trainmaster
Due to Train Hit Car at Crossing
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 1110 6
Of autopsy 1 2

Duration

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) Accident
(b) Date of occurrence 6-14-41 OXK
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3110 R R Crossing (Specify type of place)
While at work? (e) Means of injury Train Hit Car
23. Signature Russell W Fen (M. D. or other) 3
Address K City Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1941

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland L. Spenke

Licensed Embalmer No. 3604

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.