

FILED JUL 17 1942

State File No. \_\_\_\_\_  
Registrar's No. **2635**

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **57 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3925 Kenwood**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Faye Templeton Gatlin**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **David Ira Gatlin** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **April 17 1887**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **21** If less than one day  
hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Michael J. Newman**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Celia**  
15. Birthplace **Hamburg Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. David Ira Gatlin**  
(b) Address **3925 Kenwood**

17. (a) **Burial** (b) Date thereof **7-11-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **Kansas City, Mo**

19. (a) **7/10/42** (b) **In M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**  
year **1942** hour **9** minute **04 P.M.** M.

21. I hereby certify that I attended the deceased from **7-7-42** to **7-8-42**  
that I last saw h\_\_\_\_\_ alive on **7-8-42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carbuncles on neck (septic course)**

Due to **Diabetes mellitus**

Due to \_\_\_\_\_

Other conditions **Hypertensive heart disease—clinical**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **See above**

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) \_\_\_\_\_  
(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)  
(e) Means of injury **D**

23. Signature **Dr. K. C. General Hospital**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 J. C. Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.**