

FILED DEC 28 1942

Registration District No. 149

Primary Registration District No. 1002

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:
226 East 34th Terrace
 (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 Years
 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. 226 East 34th Terrace
 (If rural, give location)
 (e) Citizen of foreign country? NONE (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mollie Faulconer

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife Harry K. Faulconer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17 1862
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name George Arnold
 13. Birthplace Unknown Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Talbot
 15. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Scott
 (b) Address 226-8-34th Ter.

17. (a) Burial (b) Date thereof Dec. 12, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer
 (b) Address 1401 Brush Creek Blvd.

19. (a) 12-11-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
 year 1942 hour 5 minute 20A. a.m.

21. I hereby certify that I attended the deceased from Sept. 1942 to Dec. 9 1942
 that I last saw him alive on Dec. 9 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
 Due to 42 yr
 Due to _____

Other conditions Astoria sclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration
2 yrs.
 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)
 Means of injury _____

23. Signature J. M. Frankenburg (M. D. or other)
 Address 874 Pacific Bldg Date signed 12-11-42

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

Fall 1955

*Mr. Frankenberg
824 Rialto Bldg
1-4-6*

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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *B. 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.