

FILED DEC 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5006

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 11 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Homer Fairmon

3. (b) If veteran, name war. no.

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Ivy Myrtle Fairmon

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased May 18 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 9 hr. min.

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

10. Usual occupation Retired

11. Industry or business Railroad

12. Name Elverton Fairmon

13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ivy Myrtle Fairmon

(b) Address 325 Ward Parkway, Kansas City, Mo.

17. (a) burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-29-46 (b) W. H. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 325 Ward Parkway 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1946 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 11/1, 1946, to 11/27, 1946.
that I last saw him alive on 11/27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Chc. myocarditis 2 yrs
Due to arterio sclerosis 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 93 d

Of operations

Of autopsy

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

23. Signature J. P. Stine (M. D. Stine)

Address 1707 Tenth Date signed 11/27/46

Dr. James Tesson

Rialto Belg.

JUL 7 1958

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

J. Tesson

Licensed Embalmer No. *1415*

P. O. Address. *17 E 2nd St*

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.