

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38129**
Registrar's No. **5054**

FILED DEC 15 1947
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **5054**

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:
3841 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether
In this community **36 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. **3841 Campbell**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Nell Gayle Faulkner**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Richard L. Faulkner** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **May 15 1909**
(Month) (Day) (Year)

8. AGE: Years **38** Months **6** Days **28** If less than one day
hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Henry Mauck**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Purcell**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard L. Faulkner**
(b) Address **3841 Campbell, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **12-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-2-47** (b) **Gertrude Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2**
year **1947** hour **3:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 17**
1946 to **Dec 2** **1947**
that I last saw him alive on **Dec 2** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis terminal**
Duration **3 weeks**

Due to **Hypertension, Malnutrition** **Yes**
Due to **Hypertensive heart disease**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
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 **0**
23. Signature **Marvin P. Hunter** (M. D. or other) **M.D.**
Address **1408 Waldheim Bldg** Date signed **12/2/47**

Dr. M. P. Hunter, Waldheim Bldg.

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 Rahel Reed

Licensed Embalmer No. 3745-

P. O. Address 190 me

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.