

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1445**
Registrar's No. **16**

Registration District No. **157**

Primary Registration District No. **5572**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence - Rural Precinct**
(c) Name of hospital or institution:
Residence, RFD 4
(d) Length of stay: In hospital or institution **88 years**
In this community **88 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(d) Street No. **RFD 4**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Mr. David D. Faulconer**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **25** year **1948** hour **11:45** minute **A** M.
21. I hereby certify that I attended the deceased from **July 1947** to **Jan 25 1948**
that I last saw him alive on **Jan 20 1948**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Martha Frances Faulconer**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **Sept. 24, 1859**

Immediate cause of death **Coronary occlusion**
Duration **5 min**

8. AGE: Years **88** Months **4** Days **1**
If less than one day **hr. min.**

Due to _____
Due to _____
Other conditions **Senility**
Major findings: Of operations **None**
Of autopsy **None**

9. Birthplace **Jackson County, Mo.**
10. Usual occupation **Farmer**
11. Industry or business **Self Employed**
12. Name **Nelson Faulconer**
13. Birthplace **unknown, Kentucky**
14. Maiden name **Marion Dehoney**
15. Birthplace **unknown, Kentucky**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Martha F. Faulconer**
(b) Address **RFD 4, Independence, Mo.**
17. (a) **burial** (b) Date thereof **1/27/48**
(c) Place: burial or cremation **Brookings Cemetery, Raytown, Mo.**
18. (a) Signature of funeral director **Geo. G. Carson**
(b) Address **Independence, Mo.**
19. (a) **1-28-48** (b) **Donald C. Earnshaw**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
23. Signature **D. McEubank M.D.** (M. D. or other) **M.D.**
Address **Raytown, Mo.** Date signed **1-28-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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 Lloyd C. Carson
Licensed Embalmer No. 4199
P. O. Address Independence, 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.