

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4874**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 57 years		d. STREET ADDRESS (If rural, give location) 2617 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) John B. Faltermeier			4. DATE OF DEATH Feb. 5, 1949				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Aug. 22, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Packing (Meat)		11. BIRTHPLACE (State or foreign country) Bavaria, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Faltermeier		13b. MOTHER'S MAIDEN NAME Marie Bemerl		14. NAME OF HUSBAND OR WIFE Amelia Faltermeier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-05-8407		17. INFORMANT'S SIGNATURE OR NAME Gene Faltermeier ADDRESS 2617 Madison	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage - Shock		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Acute Arterial Hypertension				
		DUE TO (c) Arteriosclerosis 541.0				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Fracture Hip (yrs. ago in Child Hood)				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fracture of Hip - Child Hood		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Russell W. KERN M.D.		23b. ADDRESS St. Joseph's Hospital		23c. DATE SIGNED 8-26-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/8/49		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 2-8-49		REGISTRAR'S SIGNATURE St. Pauline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE L. J. Robin ADDRESS 20 W. Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Howard W. Farmer*

Licensed Embalmer No. *4134*

E. O. Address *Kansas City, 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.