

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

9940  
 Do not use this space.

REC'D APR 23 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 2120 Madison St.  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Jordan FAUGHT, 230  
 (a) Residence, No. 2120 Madison St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Barbara Faught.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1848.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.  
 FATHER 13. NAME Nige Faught.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.  
 MOTHER 15. MAIDEN NAME Unknown.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.  
 17. INFORMANT (ADDRESS) Mrs. Barbara Faught  
2120 Madison.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to Mar 29 1938  
 I last saw him alive on Mar 29 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
hypostatic pneumonia  
 Date of onset  
 Other contributory causes of importance:  
chronic myocarditis  
Senility  
 Name of operation Date of  
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) Armin Bentas, M. D.  
 (Address) 412 1/2 Maple K.C. Mo.

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Greenlawn DATE 4/ 2/38 19

**19. FUNERAL DIRECTOR**

Melody-McGilley.  
 (ADDRESS) K. C. Mo.

**20. FILED**

April 1, 1938 M. M. Brown  
 Local Registrar.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**