

Registration District No. **431111**Primary Registration District No. **5588**Registrar's No. **75**

## 1. PLACE OF DEATH:

- (a) County Johnson  
 (b) City or town Warrensburg - (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community. 80 years, months or days)3. (a) PRINT FULL NAME Luzie Bowman Faubion

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None4. Sex Female 5. Color or race white6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Linis Faubion

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

7. Birth date of deceased Sep-24-1854  
(Month) (Day) (Year)8. AGE: Years 85 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Carroll Co. Ind. I  
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John Bowman13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Shepard15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Petty R. Knuss(b) Address Warrensburg17. (a) Burial (b) Date thereof June 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brethren Cem.18. (a) Signature of funeral director Sweeney Phillips(b) Address Warrensburg, Mo. I19. (a) June 3-1940 (b) Eva Gentry  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson(c) City or town Warrensburg - (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1940 hour 4 minute A. M.21. I hereby certify that I attended the deceased from Feb 16, 1940 to June 3, 1940  
that I last saw her alive on June 3, 1940, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death Primary Thrombosis Duration 5 min

Due to \_\_\_\_\_

Due to 9412

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? 301

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C.S. Johnson M.D. (M. D. or other) \_\_\_\_\_  
Address Warrensburg, Mo Date signed June 3, 1940

RECEIVED  
District Health Officer No. 8,  
District File Number 7-16-40  
Date Filed

**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 S. Ray Sumner  
Licensed Embalmer No. 1121  
P. O. Address Warrensburg

**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, above space should be left blank.**