

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: General #2
(d) Length of stay: In hospital or institution 2 m 2307
In this community years, months or days

3. (a) PRINT FULL NAME JOYCE IRENE FAULKNER

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

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10-23 41
(Month) (Day) (Year)

8. AGE: Years 2 Months 21 Days If less than one day hr. min.

9. Birthplace Sweet Springs mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name J. George Faulkner
13. Birthplace Sweet Springs mo. D.
14. Maiden name Laven Green
15. Birthplace K. C. mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Laven Green
(b) Address 1331 E. 17 St

17. (a) Burial (b) Date thereof 1-10-42
(c) Place: burial or cremation Blue ridge

18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 1/2 W. 2nd

19. (a) Date received local registrar 1/20/42 (b) M. M. Brown
(c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jackson
(c) City or town K. C. 45
(d) Street No. 1331 E. 17 St 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-13-42 day 1-13-42
year hour minute M.

21. I hereby certify that I examined the deceased from 9:25 a.m. to 19:00
that last saw him alive on 19:00
and that death occurred on the date and hour registered above.
Immediate cause of death Marasmus

Due to 158

Due to

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?
(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 3

23. Signature M. M. Brown (M. D. or other)
Address K. C. mo. Date signed

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.