S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29406

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3463

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 8

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3008 Montgall Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------ 0

3. (a) PRINT FULL NAME Mr. Levi Adam Falknor

3. (b) If veteran, name war World War Vet.

3. (c) Social Security No. 687-07-9584

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Gladys Falknor

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February (Month) 9 (Day) 1892 (Year)

8. AGE: Years 50 Months 7 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Warrensburg (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Muehlbach Hotel

FATHER
12. Name George W. Falknor
13. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Mary Susan Tharp
15. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Mrs. Gladys Falknor

(b) Address 3008 Montgall Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/21/42 (Date received local registrar) (b) M. M. Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1942 hour 12 minute 09 A. M.

21. I hereby certify that I attended the deceased from 9-11-42, 19..., to 9-19, 1942 that I last saw him alive on 9-19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis

Due to Gangrenous ruptured appendix

Due to

Other conditions (Include pregnancy within 3 months of death) 12/11

Major findings: Of operations Gangrenous ruptured appendix

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. M. Ingram M.D. (M. D. or other)

Address 525 Argyle Bldg Date signed 9-20-42

561 (Licensed Embalmer's Statement on Reverse Side)

SEP 29 1942

Dr D M Negr
525 Argyle
Take Sat & Leave

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 C. Hervey Rusenbem

Licensed Embalmer No. 40706

P. O. Address KC 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.