

FILED JAN 23 1943

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 314

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: 1501 West Short
(d) Length of stay: In hospital or institution 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 1501 West Short
(e) Citizen of foreign country? No

In this community 46 years
years, months or days

3. (a) PRINT FULL NAME HATTIE R. FAUNCE

3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour 10 minute 45 P.

21. I hereby certify that I attended the deceased from Feb - 4 1942 to Nov 30 - 1942

5. Color or race Female / white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas H. Faunce 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 28 - 1886
(Month) (Day) (Year)

that I last saw her alive on Nov 30 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the sigmoid - and its metastases

8. AGE: Years 62 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Kent, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business at home

12. Name Levi Cheney

13. Birthplace Catharous, New York
(City, town, or county) (State or foreign country)

14. Maiden name Amelia M. Clark

15. Birthplace Bastard, Upper Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Faunce

(b) Address 1674 West Short

17. (a) Buried (b) Date thereof 12/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ground

Due to _____

Due to _____

Other conditions Operated & resection 4 ch 19-1942
(include pregnancy within 3 months of death)

Major findings: Carcinoma of the sigmoid
Of operations _____
Of autopsy no autopsies

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Allen (M. D. or other) M.D.
Address Independence Mo Date signed 12-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Lloyd C. Hanson*
Licensed Embalmer No. *4189*
P. O. Address..... *Independence*

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.