

FILED JUN 9 1943
Registration District No. **23**

Primary Registration District No. **6090**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Liberty township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether)
In this community **All his life** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Sweet Springs, Route # 10**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jefferson Davis Faulconer**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Elenor Fenwick**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 5th, 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **9**
If less than one day _____ hr. _____ min.

9. Birthplace **Saline County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **James Harvey Faulconer**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Moore**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Faulconer**

(b) Address **527 - Hardy St., Mo.**

17. (a) **Hazel Grove Cem.** Date thereof **May 16, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Grove Cemetery**

18. (a) Signature of funeral director **Charles R. ...**
(b) Address **Marshall, Mo.**

19. (a) **5/18-43** (b) **Mrs. Dora Hoffmann**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**²
year **1943** hour **7** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **May 12**
1943 to **May 14** **1943**

that I last saw him alive on **May 14** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Arterial Degeneration**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature **J. H. ...** (M. D. or other) _____

Address **Sweet Springs** Date signed **5-18-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

97
00

97

1

(Yes or No)

0

14²

40 P.M.

May 12

1943

May 14

1943

Coronary occlusion

Arterial Degeneration

94²

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?

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

23. Signature **J. H. ...** (M. D. or other) _____

Address **Sweet Springs** Date signed **5-18-43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-8-43

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 R.W. Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall 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.