

U. S. No. 2
FORM-2-43
5-17-39
X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 18 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 day (Specify whether
In this community 22 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2417 Harvard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Eliza Fayman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1943 hour 8 minute a M.

21. I hereby certify that I attended the deceased from
Jan 14, 1943, to May 20, 1943,
that I last saw her alive on May 17, 1943,
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Thomas Fayman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 9 - 1888
(Month) (Day) (Year)

Immediate cause of death Asthma
Bronchial

Duration _____

8. AGE: Years 54 Months 11 Days 11 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Cornith, Miss.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings Hypertensive C.V. disease PHYSICIAN _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Yes Fields

13. Birthplace Cornith, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Flanagan

15. Birthplace Cornith, Miss.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Jos Alma Barley

(b) Address Independence Mo

17. (a) Burial (b) Date thereof May 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Speaks Funeral Home

(b) Address Independence Mo

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

19. (a) 5-24-43 (b) James W. Cross
(Date received local registrar) (Registrar's signature)

23. Signature Chas E. Hickman (M. D. or other) _____
Address Independence Mo Date signed 5/24/43

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

48
4
4

JUN 29 1943

NOV 9

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 *me*

Registered Apprentice No.

working under my personal supervision.

Signed

Poland J. ...

Licensed Embalmer No.

5604

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.