

FILED MAY 5 1944/9  
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1822

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Research Hospital  
(d) Length of stay: In hospital or institution 1 month  
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:  
(a) State Louisiana  
(b) County 999  
(c) City or town Houma 16  
(d) Street No. 982 East Main Street 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME ALVA H. FAUGHT  
3. (b) If veteran, name war No  
3. (c) Social Security No None

20. DATE OF DEATH: Month April day 24  
year 1944 hour 5 minute 55 P.M.

4. Sex Ma  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Grace L. Faught  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased July 28 1887

21. I hereby certify that I attended the deceased from  
April 24, 1944 to April 25, 1944  
that I last saw him alive on April 24, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
56 8 26

Immediate cause of death Cerebral hemorrhage  
Due to CNS Lesion

9. Birthplace Paris Texas  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 309  
Of autopsy

10. Usual occupation Salesman  
11. Industry or business Franklin Life Ins. Co.

MOTHER FATHER  
12. Name Walter O. Faught  
13. Birthplace Ripley, Miss.  
14. Maiden name Jossie Parker  
15. Birthplace Paris Texas

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?

16. (a) Informant Mrs. Grace L. Faught  
(b) Address Houma, Louisiana  
17. (a) Removal (b) Date thereof 4-26-44  
(c) Place: burial or cremation Groesbeck, Texas

23. Signature While at work? (Specify type of place) (e) Means of injury  
Signature D. E. Brown (M. D. or other)  
Address K.C. Mo. Date signed 4/27/44

18. (a) Signature of funeral director J. Wagner  
(b) Address Kansas City, Mo.  
19. (a) 4-26-44 (b) D. E. Brown

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

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**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.**