

FILED JUL 31 1946  
Registration District No. 149

Primary Registration District No. 1002

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: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 4-28-46  
since 1911 (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Jacob Faeth

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Lillian May Faeth  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 hr. min.

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

10. Usual occupation Merchant

11. Industry or business X

MOTHER FATHER  
12. Name Conrad Faeth  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Reed  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Faeth

(b) Address 431 Greenway Ter., K. C., Mo.

17. (a) Cremation (b) Date thereof 7-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-12-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 104 West Linwood  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1946 hour 7 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Feb 7, 1946  
to July 11, 1946  
that I last saw him alive on July 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Coronary Thrombosis Duration minutes  
3+ hrs

Due to Arteriosclerosis year

Due to Hypertension & cardiac vascular  
renal disease, Anasarca  
Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a  
Of operations: As indicated above  
Of autopsy: As indicated above  
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) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address Kansas City, Mo. Date signed 7/12/46

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

22439

*Prof. Blak*

Dr. Wm. Goodson, Jr.

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 *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address *K.C. 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.**