

S. No. 2
DM-5-43
v. 5-17-39
I X36671

27114

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 3 1946
1946

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 3619

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Rockhill Manor / 43rd & Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community over 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Rockhill Manor
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____ X

3. (a) PRINT FULL NAME Mrs. Frances Darlington Faxon
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
year 1946 hour 11:50 minute R. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank A. Faxon
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased: March 24 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 17th 1946 to August 18th 1946
that I last saw her alive on August 18th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 4 24 hr. min.

Immediate cause of death Coronary Thrombosis Duration 30 hrs.
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 94 a

10. Usual occupation at home

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business X

12. Name Henry T. Darlington

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

14. Maiden name Susan Darlington

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

16. (a) Informant Miss Frances Faxon
(b) Address Rockhill Manor, Kansas City, Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-21-46
(Month) (Day) (Year)
(c) Place: burial or cremation Sauverre, Kans

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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 Phyllis R. Collins (M. D. or other) M.D.
Address 1132 Prof. Rd. N.C. Mo. Date signed 8-20-46

(Licensed Embalmer's Statement on Reverse Side)

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

25955

Dr. Collins, 1132 Prof. Bldg.

R.M.

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 11 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.