

FILED DEC 2 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1312

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
606 So. 10th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)  
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan /  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 606 So. 10th 7  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

Frank Faber

3. (b) If veteran, name war

World War #1

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

Goldie Faber

6. (c) Age of husband or wife if alive

years

7. Birth date of deceased

? ? 1982  
(Month) (Day) (Year)

8. AGE:

Years 64 Months ? Days ?  
If less than one day hr. min.

9. Birthplace

Leavensworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Army Man

11. Industry or business

U. S. Army

MOTHER FATHER

12. Name

Henry Faber

13. Birthplace

Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Hazard

15. Birthplace

Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant

Anna M. Browning

(b) Address

St. Joseph, Mo.

17. (a)

Burial

(b) Date thereof 11/26/46  
(Month) (Day) (Year)

(c) Place: burial or cremation

Leavensworth, Kans.

18. (a) Signature of funeral director

Heaton R. Gide + Burdman

(b) Address

St. Joseph, Mo.

19. (a)

Nov. 27, 1946  
(Date received local registrar)

P. E. Jenkins  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 20  
1946 to Nov 21, 1946  
that I last saw him alive on Nov 21, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations g3A

Of autopsy

Duration

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 0

23. Signature

Collis V. Kennedy M. D. or other

Address

Kansas West 2nd St Date signed Nov 23

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

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(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1964

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~~ .....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Raymond H. Marchand* .....

Licensed Embalmer No. *4413A* .....

P. O. Address *319 So 10th St. Memphis* .....

**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.**