

FILED APR 14 1947  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1518

1. PLACE OF DEATH:

(a) County JACOBSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution: MCTB HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 4 mos.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACOBSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2625 EAST 6TH ST 8  
(If rural, give location)  
(e) Citizen of foreign country? NO. 0  
(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME FAUGHENDER, CHARLES

3. (b) If veteran, name war NO  
3. (c) Social Security No. 254-18-1739

4. Sex M 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced 1 3  
6. (b) Name of husband or wife UNKNOWN  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased OCTOBER 14 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 5 19 hr. min.

9. Birthplace HAMILTON CO. TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTENANCE MAN

11. Industry or business CITY SERVICE OIL CO.

12. Name FAUGHENDER, SAM 1

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

14. Maiden name BEARD, HORA

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

16. (a) Informant MCTB HOSPITAL

(b) Address LEED'S, MISSOURI

17. (a) removal (b) Date thereof 4-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chattanooga Tennessee

18. (a) Signature of funeral director Pullant Brod

(b) Address Kansas City, Mo.

19. (a) 4-4-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3rd  
year 1947 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from MARCH 13th, 1947, to APRIL 3, 1947, that I last saw him alive on 4-3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 6 mo.

Due to.....

Due to.....

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

Major findings: Of operations 136

Of autopsy.....

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) Means of injury.....

23. Signature [Signature] (M. D. or other) [Signature]

Address Kansas City, Mo. Date signed 4-3-47

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 J. S. Walters

Licensed Embalmer No. 2744

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.**