

FILED JUN 20 1947

Registration District No. **186**

Primary Registration District No. **3026**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Independence Sanitarium & Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Yr. 3 Days**  
(Specify whether  
In this community **1 Year and 3 Days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Jefferson** **999**  
(c) City or town **Meriden** **14**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **2**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **ANNIE MAY FAULKNER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Add T. Faulkner** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **February 7, 1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**79 3 29** hr. min.

9. Birthplace **Lawrence County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Merritt Thomas** **9**  
13. Birthplace **No Data** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rebecca Pegg**  
15. Birthplace **No Data** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Faulkner**

(b) Address **Independence, Missouri**

17. (a) **Removal** (b) Date thereof **6/9/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Meriden, Kansas**

18. (a) Signature of funeral director **John E. Speake**

(b) Address **Independence, Missouri**

19. (a) **6-8-47** (b) **Jan. A. [Signature]**  
(Date received local registrar) (Registrar's signature) **254**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **June** day **6**  
year **1947** hour **12** minute **55 A. M.**

21. I hereby certify that I attended the deceased from **June 5, 1946** to **June 6, 1947**  
that I last saw her alive on **June 5, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Congestive Failure**  
**Coronary Sclerosis**  
**Hypertrophy of Heart**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **See Above**

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 **James E. Link, M.D.** (M. D. or other) \_\_\_\_\_  
Address **29 W Lexington, Okla. Mo** Date signed **6/6/47**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

*Roland A. Speaks*

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

**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.**