

No. 2  
12-45  
17-39  
X47070

State File No. \_\_\_\_\_

FILED DEC 31 1947  
Registration District No. 5574

Primary Registration District No. 5574

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Vanburen - RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4 Miles North Lone Jack. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles north of Lone Jack  
(If rural, give location) Mo.

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Ellen Faulkenberry

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1947 hour 3 minute PM

21. I hereby certify that I attended the deceased from 12-2-47 to 12-18-47 that I last saw him alive on 12-17-47 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or face white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George Faulkenberry

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 27, 1986  
(Month) (Day) (Year)

Immediate cause of death Access lower lobe of lung 2 wks Chronic Hypertension 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

61 8 25 hr. min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Lone Jack, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12. Name G.R. Shore

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

14. Maiden name Lula Kimsley

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

16. (a) Informant Mrs Everatt Corn

(b) Address Lone Jack, Missouri

17. (a) Burial (b) Date thereof 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holiness Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Allen Beverfield

(b) Address Pleasant Hill, Mo

19. (a) DEC. 20, 1947 (b) Ronald C. Eamshaw  
(Date received local registrar) (Registrar's signature) 379

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

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

Address [Address] Date signed 12-20-47

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

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.....

*Glen Hill*

....., Registered Apprentice No. *8*

working under my personal supervision.

Signed *Allen Sweetfield*

Licensed Embalmer No. *2785*

P. O. Address *Pleasant Hill*

**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.**