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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12554

Registration District No. FILED APR 17 1948 Primary Registration District No. 1002 Registrar's No. 1469

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 days (Specify whether years, months or days) In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 632 S. Main St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country xxxx

3. (a) PRINT FULL NAME Augusta Catherine Fauss
3. (b) If veteran, name war xxxxx
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife xxxxxxxxx
6. (c) Age of husband or wife if alive xxx years
7. Birth date of deceased June 12 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	20	hr. min.

9. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business Kansas City Public Schools.

FATHER
12. Name Adam Fauss
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Augusta Gelzer
15. Birthplace Camden (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Adam T. Fauss
(b) Address Brookfield, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 3, 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Brookfield, Missouri.
18. (a) Signature of funeral director Clark Hagent
(b) Address Raytown, Missouri.
19. (a) 4-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from 3/9, 1948, to 4/2, 1948; that I last saw her alive on 4/2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Lymphatic Leukemia	about one month
Due to Unknown	
Due to	
Other conditions — (Include pregnancy within 3 months of death) 14a	
Major findings: — Of operations	
Of autopsy Same as Above	

PHYSICIAN — Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury
23. Signature William F. Sanders (M. D. or other) O
Address 820 Professional Bldg Date signed April 2, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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 E. Clark Hegger

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.