

Registration District No. 398

Primary Registration District No. 6554

Registrar's No. 7

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:
1501 Cedar - Fairmount 2
 (if not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days3. (a) PRINT
FULL NAMEJesse Louis Felt3. (b) If veteran,
name war _____

3. (c) Social Security

487-95-8409

4. Sex

male

5. Color or

White

6. (a) Single, widowed, married,

married

6. (b) Name of husband or wife

Ellen Felt

6. (c) Age of husband or wife if

alive 36 years

7. Birth date of deceased

April 11 - 1893

8. AGE:

Years

Months

Days

If less than one day

46925

hr.

min.

9. Birthplace

Dalpass Kansas

10. Usual occupation

Cabinet maker

11. Industry or business

MOTHER

FATHER

12. Name

Barrett Felt

13. Birthplace

Indiana

14. Maiden name

Ida Mad Hayden

15. Birthplace

Iowa

16. (a) Informant's own signature

Ellen Felt

(b) Address

1501 Cedar - Fairmount17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1/9/40

(c) Place: burial or cremation

Memorial Park

18. (a) Signature of funeral director

George C. Carson

(b) Address

Independence, Mo.19. (a) Jan 9 1940(b) J. P. Cook

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (if outside city or town limits, write "RURAL")
 (d) Street No. 1501 Cedar - Fairmount
 (if rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
 year 1940 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 3
 1940, to Jan 6, 1940
 that I last saw him alive on Jan 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute dilatationof heart

Duration

Due to

Cerebral hemorrhage 1-3-40

Due to

Arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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)

(e) Means of injury

23. Signature

H. Connolly Cuddeback

Address

2520 Independence AveDate signed 1-8-40

Mr. George Anderson
6570 Independence

JUN 16 1965

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 Felix Benz

Licensed Embalmer No. H-127

P. O. Address Independence, 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, above space should be left blank.