

Registration District No. 399

Primary Registration District No. 1002

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:
3724 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 48 years

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. 3724 Highland
(If rural, give location)

(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME Lawrence Fellers 462

8. (b) If veteran, name war World War

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Alice Fellers

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

7. Birth date of deceased July 18 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	9	5	hr. min.

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

10. Usual occupation Electrical Engineer

11. Industry or business X

MOTHER FATHER

12. Name Charles Fellers

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

14. Maiden name Della Lair

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

16. (a) Informant Mrs. Alice Fellers

(b) Address 3724 Highland, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-24-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 23rd, year 1940, hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from April 23, 1940 to April 23, 1940; that I last saw him alive on April 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Reflux of Heart 95%

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 None

23. Signature Dussell (M. D. or other) _____

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

AUG 18 1941

501 27 1945

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 *[Handwritten Signature]*

Licensed Embalmer No. 1413

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