No. 2
-13-40
17-39
X23159

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31048

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3611

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

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: 342 North Drury (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------- (Specify whether years, months or days) In this community 42 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. 342 North Drury (If rural, give location)
(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME Mrs. Toba Feike
3. (b) If veteran, name war None
3. (c) Social Security No None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. James L. Feike
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February (Month) 8 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	6	....hr. ....min.

9. Birthplace Montgomery County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ------
MOTHER FATHER
12. Name William Fisher
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
14. Maiden name unk. Settles
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Wilhelmina Feike
(b) Address 342 N Drury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Sept. 16, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1940 hour 3 minute 35 A. M.
21. I hereby certify that I attended the deceased from Sept 12, 1940 to Sept 14, 1940 that I last saw h. alive on Sept 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 2 Days
Due to arteriosclerosis —
Due to —
Other conditions — (Include pregnancy within 3 months of death) 94B
Major findings: Of operations None
Of autopsy None

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 Ralph Perry (M. D. or other) MD
Address 4800 E 24 Date signed 9-15-40

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.