No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37851

State File No. 4449

Registration District No. 399 FILED DEC 1940 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name township)
(c) Name of hospital or institution: 717 Prospect (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 717 Prospect (If outside city or town limits, write "RURAL")
(d) Street No. Kansas City (If rural, give location)
(e) If foreign born, how long in U. S. A.? 53 years.

3. (a) PRINT FULL NAME Margaret Fiechtl Margaret Fiechtl
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Femal
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Fiechtl
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Sept 22 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	0	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Nicholas Schenherr
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Kathryne Franzer
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. R. M. Cavanaugh
(b) Address 522 Bellefontain
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Mrs C R Forster
(b) Address 918 Brooklyn K.C. Mo
19. (a) 11-22-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1940 hour 7:50 minute a M.
21. I hereby certify that I attended the deceased from 6-16-37, 19, to Nov 22, 1940, that I last saw her alive on Nov 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension 8 yrs
Due to
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 303 [illegible] Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

Northman Bldg 5141 Troost
Val 6400
2-25 pm

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 Dempl C. Browning

Licensed Embalmer No. 2724

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.