

DEC 22 1941 395

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4307

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

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1715 Euclid  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Willie E. Fellows

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Sedalia Fellows 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June 9, 1913 (Month) (Day) (Year)

8. AGE: Years 28	Months 5	Days 6	If less than one day hr. min.
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9. Birthplace Arkansas (City, town, or county) (State or foreign country)  
Common Laborer

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Tony Fellows

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

14. Maiden name Delphia (State or foreign country)

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

16. (a) Informant Sedalia Fellows

(b) Address 1715 Euclid

17. (a) removal (b) Date thereof 11/21/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texarkana, Arkansas

18. (a) Signature of funeral director J. H. Brown

(b) Address 1729 Lydia

19. (a) 11-21-41 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1715 Euclid (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 15 1941 4 day 30 M. year hour minute

21. I hereby certify that I attended the deceased from 11/19/41 to 11/24/41, 1941, to Nov 4, 1941, that I last saw him alive on Nov 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death acute Pyelitis

Duration 1220

Other conditions Edema Cellulitis (include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 R. V. Miller M.D. 11/19/41 (M.D. or other) Address 1203 Paseo Date signed

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**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..... *J. J. Marlowe* .....  
Licensed Embalmer No. *3994* .....  
P. O. Address *2503 Highland* .....

**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.**