

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 29 1942
Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 1941

48
200
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: 119 North Mersington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Frank Fiechtl

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NO

4. Sex: Male 5. Color or race: White

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

6. (b) Name of husband or wife: Margaret Fiechtl

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

7. Birth date of deceased: August 1 - 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>16</u>	hr. min.

9. Birthplace: Tyrol, Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Miller

11. Industry or business: _____

MOTHER FATHER { 12. Name: Thomas Fiechtl

{ 13. Birthplace: Austria 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Mary, no Record

{ 15. Birthplace: Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Francis J. Fiechtl

(b) Address: 1007 East 40th.

17. (a) Burial (b) Date thereof: 5/19/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Mrs. C.L. Forster

(b) Address: 918 Brooklyn

19. (a) 5-18-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No.: 119 North Mersington
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th.
year 1942 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 5/12
1942 to 5/17/42, 1942
that I last saw him alive on 5/16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis second year

Due to: Chronic nephritis second year

Due to: 131B

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: 0

23. Signature: [Signature] (M. D. or other) _____
Address: 3034 Thurman Date signed: 5/18/42

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 *me* Registered Apprentice No. _____ working under my personal supervision.

Signed *J. Edwin Sheppard* Licensed Embalmer No. *4179* P. O. Address *S. C. Ind.*

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.