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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3815

48
866

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 days (Specify whether)

In this community. 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson

(c) City or town. Rantown
(If outside city or town limits, write "RURAL")

(d) Street No. 57th + Blue Ridge
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELIZABETH FEITZ

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 5 hour 40 minute A M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife. CHRIS FEITZ

6. (c) Age of husband or wife if alive. 82 years

7. Birth date of deceased. JUNE 6 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-11-42 1942 to Oct 16 1942
that I last saw ev alive on Oct 16 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 4 10 hr. min.

Immediate cause of death Tuberc Pneumonia Duration 3 da

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

Due to Analysis of Deglutition & Prostatitis 6 da

Due to Cerebral Neurosyphilis 6 da

10. Usual occupation Housewife

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) 108

MOTHER FATHER

12. Name JOHN SCHIFFMANN

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

14. Maiden name ANNA WENGER

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. H. Ruchminger

(b) Address 2305 7th St Kansas City Kansas

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Oct 17 1942
(Month) (Day) (Year)

(c) Place: burial or cremation New Concord Cem. near Brunswick Mo.

18. (a) Signature of funeral director Edmund Regent

(b) Address Rantown Mo.

19. (a) 10/16/42 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

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) (Means of injury)

23. Signature P. J. Hoffman (M. D. or other)

Address Rantown Mo. Date signed 10/16/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. Clark Hogest

Licensed Embalmer No.

3983

P. O. Address

Raytown, 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, fact should be so stated above.