S. No. 2
M—5-43
v. 5-17-39
I X36671

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

4592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5603

FILED FEB 19 1946

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 676

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: 3664 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3664 TROOST AVENUE
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME JEROME FRANKLYN FELTS

3. (b) If veteran, name war NO

3. (c) Social Security No. 493-12-6159

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MAUDE E. FELTS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCT - 15 - 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace NASHVILLE TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Maude E. Felts
(b) Address 3664 Troost av

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 10 - 46
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ GILMAN CITY, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 2-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 8th year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 6, 1946, to Feb 8, 1946 that I last saw him alive on Feb 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to Thrombo-phlebitis Rt Arm	
Due to arteriosclerosis and hypertension	
Other conditions (Include pregnancy within 3 months of death)	

94a

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 Amin Bautras MD (M. D. or other)

Address 416 Argyle K.C. Mo Date signed 2-9-46

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg.

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. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.