

S. No. 2
M-5-43
5-17-39
I X36672

FILED APR 2 1946

Registration District No. 149

Primary Registration District No. 1002

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:
Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 25 Yrs

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")

(d) Street No. 1422 Montgall 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Stanton E. Feagans

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Jewell Feagans

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov 20 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>28</u>	hr. min.

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

10. Usual occupation Cafe

11. Industry or business Owner

MOTHER FATHER

12. Name Revin E. Feagans

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

14. Maiden name Elizabeth Otivis

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Jewell Feagans

(b) Address 1422 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K2Kas

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

(b) Address 918 Frooklyn

19. (a) 3-20-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8 o'clock P.M. March 17, 1946 to 7:40 P.M. 18/46
that I last saw him alive on March 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death (Known T.B.) Duration _____

Abscess + Hemorrhage of middle lobe of Right Lung.

Due to + Lower Lobe of Right Lung.

due to infarction of lung

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 114 C

Major findings: Of operations _____

Physician Underline the cause to which death should be charged statistically.

Of autopsy abscess of middle lobe + Hemorrhage of middle + lower lobe of Right Lung

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)

(c) Means of injury _____

23. Signature Lance A. Dr. Revere (M. D. or other) D.O.

Address Osteopathic Hospital Date signed 3/18/46

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

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.....

Joe B. Yoder

Licensed Embalmer No..... *4173*

P. O. Address..... *K.C. 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.