

No. 2
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-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13437

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1583

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:
116 West Armour Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 116 West Armour Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1947 hour Nine minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Insufficiency
Due to Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: 950

Of autopsy: no
Autopsy & Inspection
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 _____

23. Signature Samuel Feller (M. D. or other) _____
Address 1424 1/2 Jay Ave Date signed 4-5-47

3. (a) PRINT FULL NAME Mrs. Estella J. Feller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Samuel Feller 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 2 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Heinley _____

13. Birthplace No Record _____
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Basehar _____

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

16. (a) Informant Samuel Feller

(b) Address 116 West Armour

17. (a) Cremation (b) Date thereof 4-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 4-7-47 (b) Charles Holmes
(Date received local registrar) (Registrar's signature)

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 Cecil R. Matthes
Licensed Embalmer No. 3807
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.