

No. 2
12-45
17-39
X47070

FILED JAN 20 1948

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Missouri, Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) 3 days

3. (a) PRINT FULL NAME Robert Lee Fiene

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased 8 5 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 27 26 hr. min.

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

10. Usual occupation Baby

11. Industry or business

12. Name Vernon Fiene

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

14. Maiden name Helen Faye Tebbenkamp

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

16. (a) Informant Mr. Vernon Fiene

(b) Address Concordia, Missouri

17. (a) Burial (b) Date thereof Jan 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Mo.

18. (a) Signature of funeral director James Funeral Home

(b) Address Concordia, Missouri

19. (a) 1-2-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lafayette
(b) City or town Concordia
(If outside city or town limits, write "RURAL")
(c) Street No. X
(If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12 30, 1947 to 1-1, 1948
that I last saw him alive on 1-1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations

Of autopsy

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 1624 P St Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Chas E. White*

Licensed Embalmer No. *2644*

P. O. Address *19 E. 5th*

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.