No. 300
—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35649
Primary Registration District No. 1000
Registrar's No. 1324

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 minutes (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No.: 1515 Penn St. (If rural, give location) 7
(e) Citizen of foreign country?: No (Yes or No) 9
If yes, name country:

3. (a) PRINT FULL NAME: Joy Barrett Felt
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna Mae Felt
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: November (Month) 9 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	0	28	hr. min.

9. Birthplace: Dalphas (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Engineer
11. Industry or business: U.S. Post Office Bldg.
FATHER
12. Name: Barrett Felt
13. Birthplace: Mt. Vernon (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) Iowa (State or foreign country) 1
16. (a) Informant: Mrs. Edna Mae Felt
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Heaton-Burman
(b) Address: St. Joseph, Mo.
19. (a) 12-11-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1948 hour 3:40 minute PM M.
21. I hereby certify that I attended the deceased from Sept 28, 1948, to Dec 7, 1948 that I last saw him alive on Dec 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to: Arterial sclerosis	
Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 940	
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 2

23. Signature: Wm. Raymond Smith (M.D. or other)
Address: 209-210 Patrick Bldg. Date signed 12/8/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

DEC 17 1948

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 Danny R. Baker, Registered Apprentice No. 287, working under my personal supervision.

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th, St. Joseph, 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.