

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4256 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
In this community All years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4256 Penn
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3: (a) PRINT FULL NAME FEAGLES, Agnes Nancy

3: (b) If veteran, name war no 3: (c) Social Security No. 486-05-4970

4. Sex Fem / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid

6: (b) Name of husband or wife John Feagles 6: (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 7/8/1883 / 1885
(Month) (Day) (Year)

8. AGE: Years 63 / 64 Months 3 Days 22
If less than one day hr. min. 0

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Elijah Monteer 9

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

14. Maiden name Josephine Freeman

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

16: (a) Informant Geo. Feagles

(b) Address 1306 Benton

17: (a) Burial (b) Date thereof: 11/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18: (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19: (a) 11-1-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 9 1948 to Oct 30 1948
that I last saw her alive on Oct 29/48 1948
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage 21 hr
Duration

Due to Arteriosclerosis ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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?

While at work? (Specify type of place) Nicolas

(e) Means of injury falls

23. Signature Local Registrar (M.D. or other)

Address 4052 Broadway Date signed 11-1-48

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

MOTHER FATHER

4080
Jamie - 40th & Broadway
After 2 P M Mon

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 John P. Shield

Licensed Embalmer No. 3625

P. O. Address Kansas City 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.