

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40066
 Do not use this space.

REC'D DEC 5 1938

1. PLACE OF DEATH 3

(a) County Platte Registration District No. 694 4416

(b) Township Farley Primary Registration District No. 5921 Registered No. _____

(c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 430 John Henry Felt

(a) Residence, No. _____ St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice L. Felt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>2</u>	<u>25</u>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Architect

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Sylvester W. Felt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER

15. MAIDEN NAME Rebecca Latshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Alice L. Felt
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 11-3-38

19. FUNERAL DIRECTOR (ADDRESS) Freeman Mortuary
Kansas City, Missouri

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Probable Coronary Occlusion
A.H.P.

Other contributory causes of importance:
has been fed with his heart for several years & doctored for it.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ELAND H. FRANK

Manner of injury _____ CORONER _____

Nature of injury _____ PLATTE COUNTY

24. Was disease or injury in any way related to occupation of deceased? 11

If so, specify Lead & Francis Coroner _____ M. D.
 (Address) Parkville Mo Platte Co

OCT 30 1944

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Platte Registration District No. 694
(b) Township _____ Primary Registration District No. 4416 Registered No. _____
(c) City Farley (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Felt
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice Felt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Architect
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 1 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Probable Coronary Occlusion
Date of onset _____
Other contributory causes of importance:
Has been bothered with his heart for several years
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Leland H. Francis, M.D.
(Address) Farley, Platte Co.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Sylvester W Felt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire
15. MAIDEN NAME Rebecca Litchaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT (ADDRESS) Mrs Alice Felt Kansas City Mo
18. BURIAL CREMATION OR REMOVAL PLACE St. Maria's DATE 11 - 3 1938
19. FUNERAL DIRECTOR (ADDRESS) Freeman Mortuary Kansas City Mo
20. FILED Nov 28 1938 Elizabeth Litchaw Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

