

REC'D MAY 10 1939

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

13745

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
 (b) Township Kaw
 (c) City N. M. O.

Registration District No. 399
 Primary Registration District No. 1007

Registered No. 1499

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth

2. PRINT FULL NAME

(a) Residence, No. 367 Chas E Feltus
5619 Paloma St. 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Blanch Feltus

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

Aug 4 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.5484

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.

Carpenter

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)

Missouri

FATHER

13. NAME

James K Feltus

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

Ohio

MOTHER

15. MAIDEN NAME

Alice White

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

P.A.

17. INFORMANT (ADDRESS)

Blanch Feltus
5619 Paloma St

18. BURIAL, CREMATION, OR REMOVAL

PLACE See Summit DATE 4/10/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

M. C. Fouta
918 Brooklyn

20. FILED

Apr 8 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Apr 8 1939

22. I HEREBY CERTIFY, That I attended deceased

Apr 5 1939 to Apr 8 1939I last saw him alive on Apr 8 1939 Death is said to have occurred on the date stated above, at 8 P. M.

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

Acute Congestive Heart Failure

Date of onset

birth

Other contributory causes of importance:

the myocarditis
Rheumatic Heart Disease

Date

yearName of operation None Date of NoneWhat test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? No

If so, specify

(Signed) J. V. Dell, M. D.(Address) 1132 Professional Bldg

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.