

REC'D DEC 11 1939

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

39087  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township Primary Registration District No. 1001  
(c) or City St. Joseph, (d) Street No. 2202 S. 17th 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 65 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Edward B. Felling  
(a) Residence, No. 2202 S. 17th St. (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Felling  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1858  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 1 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Brick  
9. Industry or business in which work was done, as saw mill, bank, etc. Mfg.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Weston 13. NAME John Felling  
(STATE OR COUNTRY) Missouri

FATHER 14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Holland

MOTHER 15. MAIDEN NAME Hendrina -- Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Holland

17. INFORMANT Laurence A. Felling  
(ADDRESS) 702 Pacific Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. 39  
PLACE St. Joseph, Mo. DATE NOV. 28

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Nov 27 1939 J. Nestlebusch  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1939, to Nov 26, 1939  
I last saw him alive on Nov 26, 1939 Death is said to have occurred on the date stated above, at 3:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Metastatic  
Date of onset months  
Other contributory causes of importance: primary lesion probably in colon.

Name of operation Date of  
What test confirmed diagnosis? clinical 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.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) T. H. Fessenden, M. D.  
(Address) St. Joseph, Mo.

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.

**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 *Albert C. Harrington*.....

Licensed Embalmer No. 3258.....

P. O. Address *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, above space should be left blank.**