

FILED MAR 11 1940
199

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1002

State File No. 5565

Registrar's No. 790

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
16 West 29th Street 1st Fl. East
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit write "RURAL")
(d) Street No. 16 West 29th Street 1st Floor
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

3. (a) PRINT FULL NAME Mrs. Elizabeth Marie Feeley
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. John Feeley 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July 8 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 11 hr. min.

9. Birthplace Champagne Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name George Kramer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ditmar
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie Buryar
(b) Address 4410 Benton

17. (a) Burial (b) Date thereof Feb. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Indep. Mo.

18. (a) Signature of funeral director O. H. Quisenberry
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-21-40 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1940 hour --- minute --- M.
21. I hereby certify that I attended the deceased from 5:00
10 1940 to 5:00 19 1940
that I last saw him alive on 5:00 12 1940
and that death occurred on the date and hour stated above.
Immediate cause of death myocarditis Duration

Due to carcinoma of left heel
Due to ?
Other conditions carcinoma of heel
(Include pregnancy within 3 months of death)
Major findings: carcinoma
Of operations: ---

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) (e) Means of injury ---
23. Signature J. F. M. Key (M. D. or other)
Address W. Kansas City Mo. Date signed 2-21-40

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

12-21-11 Suspect

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

C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.