No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37909
Registrar's No. 4507

Registration District No. 399 Primary Registration District No. 1002

FILED DEC 11 1940

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: 2748 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits write "RURAL")
(d) Street No.: 2748 Cherry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mabel Fiel
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Fe.
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carl Fiel
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Aug. (Month) 29 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
56	2	26	hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Harris Linen Shop 1
11. Industry or business: 0
FATHER
12. Name: Chas. Branson
13. Birthplace: Unknown (City, town, or county) Vir. (State or foreign country)
MOTHER
14. Maiden name: Unknown Hutton
15. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Carl Fiel
(b) Address: 2748 Cherry K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph Mo.
18. (a) Signature of funeral director: Fleeman Funeral Home
(b) Address: St. Joseph Mo.
19. (a) 11-26-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 11-26-40 year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from 8-20-40 to ____, 19____; that I last saw her alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophy of the heart — Duration
Due to: Syphilitic aortic valvulitis
Due to: Syphilitic aortitis & aortic
Other conditions (Include pregnancy within a month of death): Convulsions 3H

Major findings:
Of operations:
Of autopsy: yes

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Lucretia Cuthler (M. D. or other)
Address: K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.