No. 2
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X23159

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

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13347

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1328

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: St. Luke's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 4 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt 0

(c) City or town Oregon (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- 1 years.

3. (a) PRINT FULL NAME Mr. Matthew G. Feichter

3. (b) If veteran, name war No

3. (c) Social Security No. 486-09-5522

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mrs. Pearl Feichter

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August (Month) 8 (Day) 1880 (Year)

8. AGE: Years 60 Months 7 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Oregon (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Iceman

11. Industry or business Kansas City Ice Company

FATHER
12. Name Charles Feichter 5
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Minerva Jane Livingood
15. Birthplace (City, town, or county) Indiana (State or foreign country) 0

16. (a) Informant Mrs. Gladys Sipes

(b) Address 3721 Bales

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Broad Beck Cem., Oregon, Mo.

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4/4/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 29, 1941, to Apr. 2, 1941 that I last saw him alive on Apr. 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomyelitis — Duration 10 Days.

Due to unknown - until or unless Sections of Brain disclosed

Due to Same

Other conditions (Include pregnancy within 3 months of death) 80 B

Major findings: Of operations none 80 B

Of autopsy unknown as yet

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) no

(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 — 0

23. Signature [signature] (M. D. or other)

Address 14 Prof. Bldg. K.C. Mo. Date signed 4/3/41

(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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

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, fact should be so stated above.