No. 2
4-13-40
5-17-39
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FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14778

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 105

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9516 East 13 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 9516 East 13 St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME LAURA K. FEISER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 14 (Day) 1886 (Year)
8. AGE: Years 54 Months 4 Days 0 If less than one day — hr. — min.
9. Birthplace York (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation at home
11. Industry or business house work
MOTHER FATHER
12. Name David Feiser
13. Birthplace Hagerstown (City, town or county) Maryland (State or foreign country)
14. Maiden name Caroline Stump
15. Birthplace Pottstown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Harry B. Feiser
(b) Address Independence Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director George C. Crane
(b) Address Independence Mo
19. (a) Apr 15 1941 (Date received by local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14 year 1941 hour 5:15 minute P. M.
21. I hereby certify that I attended the deceased from Apr 7, 1941, to Apr 14, 1941, that I last saw her alive on Apr 14, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	6 mo
Due to Probably carcinoma of stomach	18 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no autopsy permitted

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 J. C. Hickman (M. D. or other)
Address Independence Mo Date signed Apr 15

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hickman

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 Floyd C Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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

If this body is not embalmed, fact should be so stated above.