No. 2
-1-4-41
-17-39
X26390

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. 27344

FILED SEP 12 1941

Registration District No. 3

Primary Registration District No. 1002

Registrar's No. 3002

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:
1521 Garfield /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 Garfield 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Evelyn Fellows

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Fellows

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 12, 1907
(Month) (Day) (Year)

8. AGE: Years 34 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) / Arkansas (State or foreign country)

10. Usual occupation Maid

11. Industry or business .....

FATHER
12. Name John Stewart
13. Birthplace ..... (City, town, or county) / Arkansas (State or foreign country)

MOTHER
14. Maiden name Rebecca Johnson
15. Birthplace ..... (City, town, or county) / Arkansas (State or foreign country)

16. (a) Informant Edward Fellows
(b) Address 1521 Garfield

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ozan, Arkansas

18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia

19. (a) 8/8/41 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1941 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 1st 1939 to Aug 5 1941
that I last saw her alive on Aug 5 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart disease	2 yrs
+ General Anasarca	3 mo 5 d
Due to Valvular changes	—
Due to Serum in Cellular tissues	
Other conditions Mixed asthma (Include pregnancy within 3 months of death)	
Hypertension + Pyelitis	

Major findings:
Of operations .....
Of autopsy 92D

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 L V Miller (M. D. ~~or other~~) 0
Address 1203 Paseo Date signed 8/6/41

(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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highlan

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

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