

No. 2
4-13-40
5-17-39
P-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27521

State File No. 3179

FILED SEP 12 1941

Registration District No. 299

Primary Registration District No. 10-2

Registrar's No.

48
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: In hospital or institution **43 Years**
In this community **0** years, months or days

3. (a) PRINT FULL NAME **Mrs. Emilia Anna Fein**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph P. Fein**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **January 12, 1866**

8. AGE: Years **75** Months **7** Days **10**
If less than one day hr. min.

9. Birthplace **Allen County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER
12. Name **Daniel Oppliger**
13. Birthplace **Switzerland**
14. Maiden name **Anna Marie Pipenbrink**
15. Birthplace **Germany**

16. (a) Informant **Joseph P. Fein**
(b) Address **4010 Morrell Street**

17. (a) **Burial** (b) Date thereof **8-26-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **9104 West 42nd Street**

19. (a) **8/21/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **042**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4010 Morrell Street**
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **22nd.** year **1941** hour minute M.

21. I hereby certify that I attended the deceased from **Aug 9,** 1941 to **Aug. 22,** 1941; that I last saw her alive on **Aug. 25,** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **9 yrs.**
Uremia **1 wk.**
Due to **bl**

Other conditions **Diabetic Gangrene**
(Include pregnancy within 3 months of death) **of left foot**

Major findings: Of operations
Of autopsy **crystalline deposits of hufmanide in collecting of kidney**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature **L. Harold M... M.D.** Date signed **8/23/41**
Address **424 Professional Bldg**

Dr. Seaman's Report
Prof. Bell
12:30 to 4:30

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *76 e 560*

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, fact should be so stated above.