

FILED NOV 24 1941

Baker Local 218

Registration District No. **344**

Primary Registration District No. **344**

Registrar's No. **10**

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: **8036 Bellefontaine**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **65 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **8036 Bellefontaine** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY W. FEHN**

3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **M.O** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Katherine O. Fehn** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **August 8 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	unk	hr. min.

9. Birthplace **K.C. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **unemployed**

MOTHER FATHER

11. Industry or business _____
12. Name **John W. Fehn**
13. Birthplace **Bavaria**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Henry Fehn**

(b) Address **281 So. 11th St. K.C. Kans.**

17. (a) **Burial** (b) Date thereof **11-12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
(d) Signature of funeral director **Thos E. Duvick**

(b) Address **4316 Grand Ave**

19. (a) **22** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **9** 19**41**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **8:30** to _____ 19**41**
that I last saw him alive on _____ 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

fractured skull of head

Due to _____

Other conditions (Include pregnancy within 3 months of death) **164**

Major findings: Of operations _____
Of autopsy **fractured skull**
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) **homicide**

(b) Date of occurrence **11-9-41**

(c) Where did injury occur? **K.C. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Thos E. Duvick** (M. D. or other) _____
Address **K.C. Mo** Date signed _____

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

2 Mrs. Joseph W. John.

28159 Mill St. P. Hous.

John. H. John, Home.

~~John. H. John~~

Johnstone. H. John.

Home.

Write, Mrs David Hartman.

4371 Charlott.

Ph. to 0802

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.....

Thomas E. Jirik

Licensed Embalmer No.....

3775

P. O. Address.....

R. O. Mo

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

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