

FILED JUN 22 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2384

1. PLACE OF DEATH: **Jackson**
 (a) County Kansas City
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6415 Holmes
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)
 In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
Missouri **Jackson** 48
 (a) State _____ (b) County _____
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
6415 Holmes
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. SARAH FRANCES FELTON
 3. (b) If veteran, name war XX
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 2nd
 year 1944 hour 3: minute 30 A. M.

4. Sex Fe 1
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph Felton
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased February 20 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1936
 _____, 19____, to June 1944, 19____;
 that I last saw her alive on June 1, 1944,
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 3 Days 18
hr. _____ min. _____

Immediate cause of death hypostatic pneumonia
bronchial
 Duration 5 days

9. Birthplace Manhattan Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Due to _____
 Due to _____
 Other conditions paralysis agitans
(Include pregnancy within 3 months of death)
6 yrs.

11. Industry or business _____
 12. Name John Faith
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Pa.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: 107
 Of operations _____
 Of autopsy _____

16. (a) Informant Mary Mabel Felton
 (b) Address 6415 Holmes
Burial
 (c) Place: burial or cremation Mt. St. Mary's
 (d) Date thereof 6-5-44
(Month) (Day) (Year)
 (e) Signature of funeral director J. H. Wagner
 (f) Address Kansas City, Mo.
 (g) Date received local registrar _____
 (h) Signature of Registrar P. E. Brown
(Registrar's signature)

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? _____ Means of injury _____
 23. Signature Michael Berner (M. D. or other) M.D.
 Address 436 Professional Bldg. Date signed 6-3-44

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

2
43
39
37223

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.....

Cecil R. Matthes

Licensed Embalmer No.....

3807

P. O. Address.....

Kansas City, Mo

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.