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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31072**
Registrar's No. **228**

Registration District No. **146**

Primary Registration District No. **3026**

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:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Months** (Specify whether years, months or days)

In this community **32 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence - Maywood**
(If outside city or town limits write "RURAL")

(d) Street No. **10512 East 18 th. Blue Imp.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **FRED FEISER**

3. (b) If veteran, name war **World War 1**

3. (c) Social Security No. **486-01-1792**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ida Feiser**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **May 17 1895**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	3	16	hr. min.

9. Birthplace **Lee Summit Missouri**
(City, town or county) (State or foreign country)
Cabinet Maker

10. Usual occupation **T. W. A. Air Lines**

11. Industry or business **T. W. A. Air Lines**

MOTHER FATHER { 12. Name **D. vid Feiser**

13. Birthplace **Unknown Maryland**
(City, town or county) (State or foreign country)

14. Maiden name **Emmelie Stump**

15. Birthplace **Pootstoun Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida Feiser**

(b) Address **10512 East 18 th. Indep. Mo.**

17. (a) **Burial** (b) Date thereof **9-5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem. Indep. Mo.**

18. (a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Missouri**

19. (a) **9-5-1944** (b) **James Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1944** hour **3:17** minute **A. M.**

21. I hereby certify that I attended the deceased from **June 3 1944** to **Sept 3 1944**
that I last saw h. i. m. alive on **Sept 3 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Adequ carcinoma of the esophagus & cardia of stomach** Duration **7 mo**

Due to **46a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Same**

Of operations **Same**

Of autopsy **Same**

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? (c) Means of injury

23. Signature **Harold V. Woods M.D.** (M.D. or other)
Address **11037 Wimer Road** Date signed **9/3/44**

OCT 17 1944

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.....

Licensed Embalmer No. *199*

P. O. Address *Indip 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.