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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36698

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4741

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: 1512 E 37 St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1512 E 37 St
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Frieda Feder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Jacob

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

7. Birth date of deceased Not Known (Month) (Day) 1864 (Year)

8. AGE: Years 80 Months — Days — If less than one day ... hr. ... min.

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

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name Mayer Loycher
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Mollie
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Harry Feder

(b) Address 2637 Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. Louis Funeral Home

(b) Address 3400 Woodland

19. (a) 11-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 44 hour ... minute P M.

21. I hereby certify that I attended the deceased from ..., 1938, to Nov. 24, 1944 that I last saw he alive on Nov 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	10 yr
Due to Arteria-sclerosis	20 yr
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations —
Of autopsy —

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? —

While at work? (Specify type of place) (e) Means of injury

23. Signature E W Smith O (M. D. or other)

Address 900 Rialto Bldg Date signed 11-26-44

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.