

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution Altogether (Specify whether)
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **42**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. 4018 Spruce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Theodore Lee Fehring

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex M. 0 5. Color or race W. 0 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 28 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
I 2I hr. min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER { 12. Name Leo Fehring Minn.
13. Birthplace Unknown Minn.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Hermerling
15. Birthplace Unknown Minn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Fehring
(b) Address 4018 Spruce, K. C. Mo.

17. (a) Burial (b) Date thereof 12/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Melody-McGilley
(b) Address 3133 Euclid, K. C. Mo.

19. (a) 12-21-44 D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1944 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from 12/18/44
19 to 12/19/44 19

that I last saw him alive on 12/19/44 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute mitral valvulitis
Endocarditis

Due to _____

Due to 92 hr

Other conditions: _____
(Include pregnancy, within 3 months of death)

Major findings:
Of operations _____
Of autopsy See above

Duration

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 (Specify type of place) (2) Means of injury _____

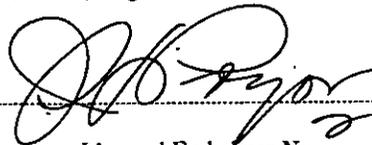
23. Signature [Signature] (M. Brown)
Address 1109 Prof Bldg Date signed 12/20/44

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

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.