

No. 2
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5-17-39
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FILED JAN 9 1948
Registration District No. 149

Primary Registration District No. 1002

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

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: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 hrs.
 In this community 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Featherstone
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-09-2503

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 27th. 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 87 22 hr. min.

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

10. Usual occupation Oil Expeller

11. Industry or business Corn Products Co.

MOTHER FATHER

12. Name Thomas Featherston
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. H. Wenzel
 (b) Address Lake Lotawana, Mo.

17. (a) Burial (b) Date thereof 12/ 20/ 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
104 West 42nd Street
 (b) Address

19. (a) 12-19-45 (b) Thalidine Holmes
 (Date received local registrar) (Registrar's signature)

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. 1000 Paseo
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
 year 1945 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7 12-18-45, 1945, to 12-18-45, 1945;
 that I last saw him alive on 12-18-45, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, purulent, cause undetermined—pending further investigation
 Due to _____

Due to _____
 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? _____

23. Signature Clark W. Seligson (Specify type of place) _____
 (a) While at work (b) Means of injury _____
 Address Med. Dir. K.C. Gen. Hoapital (City or other) _____
 Date signed 12-18-45

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

Walter H. Erwin

Licensed Embalmer No.

4352

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5211

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Featherstone

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-19-45 (Date received local registrar) Deraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 15 Year 1945 hour _____ minute 50a M.

21. I hereby certify that I attended the deceased from _____
12-18-45 to _____
12-18-45 and that death occurred on the date and hour stated above.

Immediate cause of death: meningitis, purulent.

Duration _____

Due to _____

Due to _____

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

Major findings: gla

Of operations _____

Of autopsy: see above

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Clark W. Seely (M. D. or other) _____
Address Gen. Hosp. #1 Date signed 12-18-45

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

SUPPLEMENTARY

40084