

FILED JAN 21 1946

State File No. _____
Registral's No. 5355

Registration District No. 149

Primary Registration District No. 1002

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. Conv. Home 3200 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether
In this community 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Kans (b) County Wyandotte
(c) City or town Kansas City Rural 14
(If outside city or town limits, write "RURAL")
(d) Street No. Bethel Rd
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME

Miss Emma Fecht

(b) If veteran, name war no

(c) Social Security No. none

4. Sex Fe / 5. Color or race wh
6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased. Oct. 15 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25
year 1945 hour 2 10 minute 10 M.
21. I hereby certify that I attended the deceased from June 9 1945 to Dec. 19 1945;
that I last saw her alive on Dec 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia Duration 10 days
Due to 82:1
Due to 82:1

8. AGE: Years Months Days If less than one day
70 2 10 hr. min.

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

10. Usual occupation Retired

11. Industry or business school teacher

12. Name John Fecht

13. Birthplace Highland Wis-1
(City, town, or county) (State or foreign country)

14. Maiden name Emma ?

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

16. (a) Informant Miss Neoma Fecht
(b) Address White Church Kansas

17. (a) Burial (b) Date thereof Dec 28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove K.C. Mo.
18. (a) Signifying Funerary - Werner
(b) Address K.C. Kansas

19. (a) 12-27-45 (b) Beraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions Sibants Combined
(Include pregnancy within 3 months of death)
Degeneration of Spinal Cord
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? _____

(Specify type of place)
While at work? _____ Means of injury 0
23. Signature James P. ... (M. D. or other) MD
Address 1103 Grand K.C. Mo. Date signed 12-27-45

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

100275

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. 2598,
working under my personal supervision.

Signed J. Chick Werner

Licensed Embalmer No. 2598

P. O. Address KC Kansas

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.