

No. 2  
-12-45  
5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20927  
Registrar's No. 2790

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Research Hospital  
(d) Length of stay: 8 Days  
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin Mo  
(d) Street No. Gateway Drive  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Richard R. Feiler  
(b) If veteran, name war NO  
(c) Social Security No. NO

4. Sex male  
5. Color or race wht  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 17 1930

8. AGE: Years 16 Months 11 Days 12

9. Birthplace Ohio

10. Usual occupation

11. Industry or business Student

12. Name Joseph Feiler

13. Birthplace Indiana

14. Maiden name Maud Johnson

15. Birthplace Nebraska

16. (a) Informant Cecil Thornhill

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 6/30/47

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director J. Stine-McClure  
(b) Address Kansas City Mo

19. (a) 7-1-47 (b) Stralline Holmes

MOTHER FATHER

20. DATE OF DEATH: Month June day 29 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 28 1947 to June 29 1947 that I last saw him alive on June 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Intracranial hemorrhage

Due to: Aneurysm, intracranial, left carotid artery

Other conditions: none

Major findings: none

Of autopsy: ruptured intracranial carotid aneurysm

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?

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

23. Signature J. H. Leachman (M. D. or other) Address 1620 N. 2nd St. Joplin Mo

Duration 6 hours  
Physician Underline the cause to which death should be charged statistically.

Dr. J. J. Teachman  
Coffin Bldg.

Reg. No. - 57163  
Burg. No. 16413  
No. - 1500

L. L. Luker.

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. 1415 -

P. O. Address K. C. 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.