

FILED AUG 7 1947

Registrar's No. 3/38

Registration District No. 177

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:
General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2760 Cherry 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Carl Fiel
(b) If veteran, name war no (c) Social Security No. none

20. DATE OF DEATH: Month July day 20
year 1947 hour 3 minute 15 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 5, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18, 1947, to July 20, 1947;
that I last saw him alive on July 20, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 4 15 hr. min.

Immediate cause of death Cardiac decompensation

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 95c
Of autopsy None

10. Usual occupation machinist

11. Industry or business.....
12. Name Carl Fiel
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Beck
15. Birthplace Russia
(City, town, or county) (State or foreign country)

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) 0
While at work? (e) Means of injury.....

16. (a) Informant A. Hancock
(b) Address 2802 Cherry

17. (a) removal (b) Date thereof 7-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 7-25-47 (b) St. Joseph, Mo.
(Date received local registrar) (Registrar's signature)

23. Signature Tom W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 7-21-47

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

MOTHER FATHER

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.

10. Usual occupation Machinist

11. Industry or business _____

MOTHER { 12. Name Carl Fiel

FATHER { 13. Birthplace Russia
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Beck

FATHER { 15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant E. Hancock

(b) Address 2802 Cherry, Kansas City, Mo.

17. (a) Removal (b) Date thereof 7-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Heston Rowman

(b) Address St. Joseph, Mo.

19. (a) 7-25-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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

96?

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature Wm W. Hand (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 7-21-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Eugene Wood

Licensed Embalmer, No.

5804

P. O. Address.....

319 So 10th St. D. Joseph

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.