V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31398

Registrar's No. 3916

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 #1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 hours (Specify whether
In this community: unknown.
years, months or 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.: 3240 Norledge 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: FLORA PRESTON

3. (b) If veteran, name war: no

3. (c) Social Security No.: none.

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mott Preston

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

7. Birth date of deceased: March (Month) 31 (Day) 1865 (Year)

8. AGE: Years 82 | Months 5 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: Aaron M. Felts

13. Birthplace: Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name: Flavilla Crowley

15. Birthplace: Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Maybell P. Haworth
(b) Address: 7429 W 58th St, Shawnee, Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 15 '47 (Month) (Day) (Year)
(c) Place: burial or cremation: Belton, Mo.

18. (a) Signature of funeral director: E. R. Gerger & Sons
(b) Address: Belton, Mo

19. (a) 9-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 9-12-47, to 9-13-47, 1947
that I last saw her alive on 9-13-47, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 83	
Major findings: Of operations:	
Of autopsy: None	

PHYSICIAN

Underline the cause of 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? (e) Means of injury: 0

23. Signature: Wm. W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 9-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Emmanuel

BY LICENSED EMBALMER

he reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

Signed.....A. K. George.....

Licensed Embalmer No.....36X5.....

P. O. Address.....Grandview, Mo

ED EMBALMER in his OWN HANDWRITING. (Failure to comply with

e.