. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1071

Registrar's No. 299

WRITE PLAINLY—USING 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: Grosse Nursing Home, 4 3918 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mo. 7 days (Specify whether
In this community 49 years
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. 3918 Charlotte 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL FELLER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Ma C
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Estella J. Feller
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April (Month) 29 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	8	22	hr. min.

9. Birthplace Tortage County (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Retired Lawyer
11. Industry or business
FATHER
12. Name No Record 9
13. Birthplace " " (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name " " 9
15. Birthplace (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Alfred Mellows
(b) Address 2501 Eastwood Pl. Milwaukee
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1948 hour 2: minute 55 P M.

21. I hereby certify that I attended the deceased from April, 1947, to, 19; that I last saw him alive on Jan 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 days
Due to Hypertension - arteriosclerotic Cardio-Vascular disease	15 yrs.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 93d	
Of autopsy —	

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 Frank B Lentz (M. D. or other) MD
Address 904 Prof Bldg Date signed 1-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

92F Prof Bg
11-3650

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.