

FILED NOV 6 1948  
764

Registration District No. ....

Primary Registration District No. 5597

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Johnson.  
(b) City or town Rural Centerview  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R. R. D. Centerview  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 63yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson.  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. Centerview  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Henry Herman Feldman.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Nov. 27, 1876.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 1 hr. min.

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Feldman.  
13. Birthplace unknown Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary G. Tobin.  
15. Birthplace unknown Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Feldman.

(b) Address R. F. D. Centerview. MO.

17. (a) burial (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney Phillips.

(b) Address Warrensburg. MO.

19. (a) Oct. 30 48 (b) Saranushki  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1948 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 6  
1945 to Oct 28 1948  
that I last saw him alive on Oct 28 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Nematode from ruptured arterial artery Duration 5 min.

Due to Crossion of recurrent Carcinoma at site of section

Due to primary Carcinoma of stomach

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy NO

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury (c)

Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo. Date signed 10-30-48

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

SFD 20 '349

---

---

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.....

*R. Q. Phillips.*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.**