

FILED DEC 4 1948

Registration District No. 149

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:  
614 Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 614 Campbell  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Johnnie Mae Fesler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Grant Fesler

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 7 19 hr. min.

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

10. Usual occupation Domestic

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

12. Name John Wilson

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Williams

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Butler

(b) Address 4464 Lexington Hollywood, Calif.

17. (a) Burial (b) Date thereof 11/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. J. Williams

(b) Address 17-29 Lydia Avenue

19. (a) 11-10-48 (b) W. J. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd  
year 1948 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner to Coroner, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Hypertensive Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

- Of operations \_\_\_\_\_

Of autopsy no-Permit

Duration \_\_\_\_\_

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? \_\_\_\_\_

J. R. Williams (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. J. Williams (M. D. or other) \_\_\_\_\_

Address 2636 Brooklyn Date signed \_\_\_\_\_

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

MOTHER FATHER

31108

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**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.**