S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 56530

Registrar's No. 4765

WRITE PLAINLY—USE 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: 4418 MAIN STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 23 YEARS
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. 4418 MAIN STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME: MR. JESS R. FEW

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

3. (c) Social Security No. 510-05-9568

4. Sex: MALE

5. Color or race: WHITE

6. (a) ~~Single, widowed~~, married, divorced: MARRIED

6. (b) Name of husband or wife: MRS. JESSIE B. FEW

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: JUNE (Month) 6 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace: ROODHOUSE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: SHIPPING DEPARTMENT

11. Industry or business: HINDE DAUCH PAPER BOX CO.

FATHER
12. Name: ROBERT FEW
13. Birthplace: ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELLEN LEWIS
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. JESSIE B. FEW

(b) Address: 4418 MAIN STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV. 22, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: FOREST HILL CEMETERY

18. (a) Signature of funeral director: D. W. Neuemeier Sons

(b) Address: 1401 Brush Creek Blvd

19. (a) 11-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 19TH year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Occlusion — Duration

Due to: 940

Due to:

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

Major findings: Of operations: Deputy Coroner

Of autopsy: See Above

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? A. E. Upsher

While at work: (Specify type of place) (e) Means of injury:

23. Signature: A. E. Upsher (M. D. or Coroner)

Address: 2808 Main Date signed: 11/30/48

(Licensed Embalmer's Statement on Reverse Side)

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 D.D. Nofsinger

Licensed Embalmer No. 13938

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.