

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33546**  
**4380**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Bethels City</b>	
c. LENGTH OF STAY (in this place) <b>6 wks.</b>		8150 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ANNA</b>	b. (Middle) <b>C</b>	c. (Last) <b>FELDT</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>10 11 1951</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>6-11-1871</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Sweden 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Anders Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalene Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Henning A. Feldt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ida Lundell</b>	ADDRESS <b>Bethel, Kansas</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b>		<b>2-3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>arterio-sclerosis</b>		<b>493X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 19 1951, to 10/10 1951, that I last saw the deceased alive on 10/10 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Miller</b> (Degree or title) <b>MD MD</b>	23b. ADDRESS <b>0530 Prof. Bldg., K.C. Mo</b>	23c. DATE SIGNED <b>10/15/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-15-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. H. Long</b>	ADDRESS <b>K.C. Kansas</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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Rider  
Professional  
Embalmg.  
Lic. 340H

530

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Chas. H. Rider

Licensed Embalmer No. 340H

P. O. Address 703 N 10th St

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.