N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D FEB 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2768
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson — Registration District No. 431
(b) Township — Primary Registration District No. 3023 — Registered No. 18
(c) City Warrensburg — (d) Street No. Oak Hill Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Alpha Omega Feldman
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wk
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis T. Feldman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16, 1914
7. AGE: YEARS 24 — MONTHS 3 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Mo.

FATHER
13. NAME: Robert S. Hood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co. Mo.

MOTHER
15. MAIDEN NAME: Josie E. Bramell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo.

17. INFORMANT (ADDRESS): Francis T. Feldman, R.R. 1 Leeton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset Hill Cemetery DATE: Jan. 30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. F. Wilcox Funeral Service, Warrensburg Mo.
20. FILED: Jan. 30, 1939 Eva Gentry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 27, 1939
I last saw her alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	Jan 1
Acute Appendicitis	

Other contributory causes of importance: 121

Name of operation: Cholecystectomy, appendectomy — Date of: Jan 28 1939
What test confirmed diagnosis? Operation — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) [signature], M. D.
(Address) Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2/3/39
Date Filed

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, ...

Donald W. Turpin, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Donald W. Turpin

Licensed Embalmer No. 3058

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.