

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

442

NOV 1 1939  
NOV 15 1939

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

35378  
Do not use this space.

1. PLACE OF DEATH (a) County Warren Registration District No. 26  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3002  
 (c) City Warren Mo. (d) Street No. 408 North Craig Street Registered No. 1457  
 (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 Joseph N. Felger  
 (a) Residence, No. 408 North Craig St. \_\_\_\_\_ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Schaefer Felger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 28  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant (Hd.)  
 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) unknown  
 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Mo. - Iowa  
 13. NAME Joseph N. Felger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 15. MAIDEN NAME Josephine Beaus  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Ed H. Felger  
111 Pleasant Iowa  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent Iowa DATE Oct 19 39  
 19. FUNERAL DIRECTOR (ADDRESS) M. P. ...  
 20. FILED Oct 17 1939 B. Pauche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939 to Oct 16 1939  
 I last saw him alive on Oct 1 1939 Death is said to have occurred on the date stated above, at 7:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis  
Chronic Degenerative Myocarditis  
Hypertensive Cardia - Renal Disease  
Atherosclerosis  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. none  
 Manner of injury none  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Harvey F. O'Brien M. D.  
 (Address) Therese Missouri

RECEIVED

District Health Officer No. 10

District File Number 11-39-1899

Date Filed NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I, Roy A. McPherson, Licensed Embalmer No. 1133,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Roy A. McPherson  
Licensed Embalmer No. 1133

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.)