

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44266

1939 JAN 11 1940
Registration District No. 558

Primary Registration District No. 558

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry, Township Saline
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Margaret R. Feltz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 17 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 28 hr. min.

9. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Virginus Feltz
13. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Guyot
15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oscar Feltz

(b) Address Perryville Mo.
17. (a) Burial (b) Date thereof Dec. 16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Yancy & Sons
(b) Address Perryville Mo.

19. (a) 12-15 1939 (b) W.F. Gaff 50
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1939 hour 11 minute 30A m.

21. I hereby certify that I attended the deceased from 12-6-39
_____, 19____, to 12-15, 1939;
that I last saw her alive on 12-14, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to Undernutrition

Due to Rickets

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Oscar Feltz (M. D. or other) _____
Address Perryville, Mo. Date signed 12-15-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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, above space should be left blank.