

10-39-7-39-21-12-2

JUL 12 1940 85

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 629

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Mulberry
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

8. (a) PRINT FULL NAME

Henry Goetz Fellison 425

(b) If veteran, name war No

(c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 5, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>2</u>	<u>0</u>	hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant 0

11. Industry or business ✓

12. Name Lynn B. Fellison 1

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Goetz

15. Birthplace Denver Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Lynn B. Fellison

(b) Address 2817 Mulberry, St. Joseph, Missouri

17. (a) burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer 85

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) June 5, 1940 (b) H. J. Nestlebeck
(Date received local registrar) (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 11 minute 45 p.m.

21. I hereby certify that I attended the deceased from April 7, 1940, to June 5, 1940
that I last saw him alive on June 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 6-2-40

Due to MI
121

Other conditions Congenital Hydrocephalus
(Include pregnancy within 7 months of death) 4-30-40

PHYSICIAN
Major findings: None
Of operations None
Of autopsy None
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? _____

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

23. Signature W. Ross Moore (M. D. or other) 1
Address St. Joseph Mo Date signed 6/6/40

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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.....

A. H. Kelly

Licensed Embalmer No. 7 Mo. 3946

P. O. Address St. Joseph, Missouri.

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.