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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35473

State File No. _____

REG NOV 25 1940
Registration District No. 1170

Primary Registration District No. 5541

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural - Spring Creek
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days

3. (a) PRINT FULL NAME Leon Fessel

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

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

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

7. Birth date of deceased _____ (Month) (Day) (Year) 1864

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>-</u>	<u>-</u>	hr. _____ min. <u>6</u>

9. Birthplace Germany (City, town, or county) (State or foreign country) 6

10. Usual occupation Farmer 4

11. Industry or business _____ 9

12. Name unknown

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name unknown

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

16. (a) Informant John Fagel
(b) Address Pottersville

17. (a) Burial (b) Date thereof 10-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director D. B. McClure
(b) Address Tainesville

19. (a) 10-9-1940 (b) Mrs. Gladys Fretter
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural - Spring Creek
(If outside city or town limits, write "RURAL" and name of township) Silvan Spg
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1940 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from 1-1-1935
_____ 19 _____ July 1 1940
that I last saw him alive on about July 1 1940
and that death occurred on the date and hour stated above

Immediate cause of death flu

Due to _____
Due to _____ 12
11/10

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

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
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? _____
351 (Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature J. A. Balz (M. D. or other) 1
Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number. 11901105

Date Filed _____

He
67c

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, fact should be so stated above.