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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38579

FILED DEC 12 1940

Registration District No. 254 Primary Registration District No. 4154 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Pattonsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 13 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess
(c) City or town Pattonsburg
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mary Jane Feurt
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May (Month) 1 (Day) 1854 (Year)
8. AGE: Years 86 Months 6 Days 25 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper 0
11. Industry or business
FATHER
12. Name Thomas Feurt 1
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Elizabeth Glaze 1
15. Birthplace (City, town, or county) ILL (State or foreign country)
16. (a) Informant Mrs Cora Lowrey
(b) Address Pattonsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Creek
18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg, Mo.
19. (a) Nov 27/1940 (Date received local registrar) (b) G S Gromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1940 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from Jan 1st 1938 ~~Nov [illegible]~~ to Nov 26.1940, 19 ; that I last saw her alive on Nov 26.1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Axilla left arm	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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? 22 (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank Hedges (M. D. ~~or other~~) 1
Address Pattonsburg Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo

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

If this body is not embalmed, fact should be so stated above.