V. S. No. 2
M—11-10-39
Rev. 5-17-39
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4 2504

Registration District No. 295 Primary Registration District No. 4179 Registrar's No. 22

36
4
0

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

**1. PLACE OF DEATH:**

(a) County Franklin

(b) City or town Sullivan Missouri
(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 (Specify whether
In this community 14 Years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Franklin 36

(c) City or town Sullivan. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Fees

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Marjorie Fees

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 17 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Union Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Garage.

FATHER
12. Name Ferdinand Fees.
13. Birthplace Union, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Habermann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Fees.
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof Jan. 25, '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri.

18. (a) Signature of funeral director Thos. P. Shoffer
(b) Address Sullivan, Mo.

19. (a) 1-23-41 (b) C. A. Proctor
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 23
year 1941 hour 2150 minute a. M.

21. I hereby certify that I attended the deceased from —
—, 19__, to —, 19__;
that I last saw h— alive on —, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Thrombosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 94 W

Major findings:
Of operations

Of autopsy No

Duration
few minutes

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) Natural
(b) Date of occurrence January 23, 1941
(c) Where did injury occur? Sullivan Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
9 22 At Home
(Specify type of place)
While at work? No (e) Means of injury 3

23. Signature Ernst L. Oltmann Coroner
(M. D. or other)
Address Gerald Missouri Date signed 1-23-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1949

**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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Lafloon

Licensed Embalmer No. 3394

P. O. Address Sullivan Me

**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.**