S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15991

Registration District No. 809 Primary Registration District No. 6054 Registrar's No.

1. PLACE OF DEATH:
(a) County Scotland Harrison
(b) ~~City or town~~ Rural
(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 years, months or days) In this community 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scotland
(c) City or town Rural
(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.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Fehr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Adam Fehr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 7 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	8	19	hr. min.

9. Birthplace Schuyler County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Karl Keifer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Feldman
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Lydia Fehr
(b) Address Gorin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28, (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director Gerthy Barkett
(b) Address Gorin Mo
19. (a) 4/28-41 (Date received local registrar) (b) Mrs R E Shackleff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1941 hour 3 minute a M.
21. I hereby certify that I attended the deceased from April 24, 1941, to April 26, 1941; that I last saw him alive on April 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation — Duration Don't Know
Due to Was not by Regular Physician only Info Rec
Due to The Aux Times
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. M. Johnson (M. D. or other)
Address Gorin Mo Date signed 5-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-847
Date Filed MAY 8 1941

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 George V. Barkett

Licensed Embalmer No. 1817

P. O. Address Gorin, Mo

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.