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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10384

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 73

014
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Calloway County
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yr. 5 mo 25 day (Specify whether
In this community ye
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 014 1 2
(a) State Mo (b) County St. Charles
(c) City or town Wellston 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 Martin Feinup

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Henry Feinup
(b) Address Wellston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo
18. (a) Signature of funeral director Glen Y. Marquin
(b) Address 700 Court Fulton, Mo.
19. (a) Mar. 5 42 (Date received local registrar) (b) Josie Morrinschoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1942 hour 3 minute 40 A M.
21. I hereby certify that I attended the deceased from Health Feb 27, 1942, to March 5, 1942;
that I last saw him alive on March 4, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to Hypertension - arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 Forrest Thomas (M. D. ~~or other~~) 0
Address Fulton Mo Date signed 3/5 42

1171 (Licensed Embalmer's Statement on Reverse Side) % State Hospital

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 Glen Y. Mangum

Licensed Embalmer No. 2725

P. O. Address Fulton, 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, fact should be so stated above.