

FILED DEC 17 1942

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: St Elizabeth Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 days
(If not in hospital or institution, write street number or location)

In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Martha Ann Feaster

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emanuel Feaster

6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased October 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Shade

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

14. Maiden name No record

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

16. (a) Informant S.S. Wilson

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 10/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cemetery

18. (a) Signature of funeral director John Shan

(b) Address Palmyra, Mo.

19. (a) 10/28/42 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1 - 42
to Oct 26 - 1942
that I last saw h. alive on Oct 24 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 2 yrs

Due to _____

Due to _____

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

Major findings: 93d

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. H. Houelle (M. D. or other) _____
Address Palmyra Mo Date signed _____

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

64
73
43

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.