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DM-2-43
5-17-39
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7956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1944 74

Primary Registration District No. 3052

Registrar's No. 47

1. PLACE OF DEATH: **Pettis**
 (a) County **Pettis**
 (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
523 West 3rd
(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 **four months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pettis**
Sedalia
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. **523 West 3rd**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Herman Joseph Felten**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **5**
 year **1944** hour **2:45** minute **A** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Elizabeth Peak Felten**
 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **November 6, 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 13** to **Feb 5** 19**44**
 that I last saw him alive on **Feb 4** 19**44**
 and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **2** Days **9**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Myocarditis Chronic**
 Due to _____
 Due to _____

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Farmer**

Other conditions **Ch. Pneumonia, Infarct**
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name **Herbert Felten**
 13. Birthplace **unknown, Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Anna C. Felton**
 15. Birthplace **unknown, Germany**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy **T31b**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Albert Newman (son-in-law)**
 (b) Address **523 West 3rd, Sedalia, Mo.**
 17. (a) **Burial** (b) Date thereof **2/7 '44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Catholic Cemetery Boonville, Missouri**
 18. (a) Signature of funeral director **Ewing Funeral Home**
 (b) Address **Sedalia, Missouri**
 19. (a) **2/5/44** (b) **Mrs. Emma Berger**
(Date received local registrar) (Registrar's signature)

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 **Mrs. Emma Berger** (M. D. or other) **2/6/44**
 Address **Sedalia, Mo.** Date signed **2/6/44**

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

70
66
4

1022

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-28-44

MAR 1 1944

MAR 20 1944

MAR 6 1944

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 John E. Myers

Licensed Embalmer No. B220

P. O. Address Sedalia, 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.