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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27451

FILED SEP 5 1944

Registration District No. 57 — Primary Registration District No. 5208 — Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Tina - Rural Hurricane
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carroll
(c) City or town: Rural
(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: 0

3. (a) PRINT FULL NAME: John Frederick Feaker
3. (b) If veteran, name war .....
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: Amanda Henning
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: April (Month) 4 (Day) 1876 (Year)

8. AGE: Years 68 | Months 3 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: .....

FATHER
12. Name: Richard Feaker
13. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Gross
15. Birthplace: Brunswick (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Amanda Feaker
(b) Address: Tina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Dalton Mo
18. (a) Signature of funeral director: John H. Meyer
(b) Address: Brunswick Mo
19. (a) 8-1-44 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from July 25, 1944, to July 30, 1944, that I last saw him alive on July 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	5 days
Due to Intestinal Obstruction	5 days
Due to Arteriosclerosis & Mitral Stenosis	6 yrs.

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: R. W. Mathews (M.D. or other) D.O.
Address: Tina, Mo Date signed: 8-1-44

(Licensed Embalmer's Statement on Reverse Side)

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.....R. O. M. Crary.....

Licensed Embalmer No.....3153.....

P. O. Address.....Glasgow 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.