V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14263

Primary Registration District No. 395-2

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural Spencer Twp
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mary Jane Feather

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Amos J. Feather

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

7. Birth date of deceased Nov. (Month) 6 (Day) 1854 (Year)

8. AGE: Years 90 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Preston Co. (City, town, or county) W. Va (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Joseph Herring
13. Birthplace (City, town, or county) W. Va (State or foreign country)

MOTHER
14. Maiden name Eleanor Jeffries
15. Birthplace (City, town, or county) W. Va (State or foreign country)

16. (a) Informant Mrs. Flora M. Harrelson
(b) Address Curryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 4 (Day) 1945 (Year)
(c) Place: burial or cremation Mt. Pisgah Cemetery

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo

19. (a) March 15-45 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2nd year 1945 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Feb. 27th 1945 to Mar. 2nd 1945; that I last saw her alive on Feb. 27th 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to —	
Due to —	
Other conditions Senility (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 J. B. Bryan, M.D. (M. D. or other)

Address Bowling Green, Mo Date signed 3/3/45

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-606
Date Filed APR 13 1945

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 Grace M. Bamshead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.