

S. No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36963

State File No. _____

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 251

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Prison Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 5 yrs 4 mo. 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 26
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Fellows
(b) If veteran, name war Unknown
(c) Special Service No. #50769

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9
year 1945 hour 11:50 minute A M.

4. Sex Male 2 5. Color or race col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 11-9 19 45 to 11-9 19 45 that I last saw him alive on 11-9 19 45 and that death occurred on the date and hour stated above.

7. Birth date of deceased: December 22 1917
(Month) (Day) (Year)

Immediate cause of death _____ Duration 3 hrs
Stab Wounds in Abdomen

8. AGE: Years Months Days If less than one day
28 10 18 hr. _____ min.

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

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

Major findings: _____
Of operations _____
Of autopsy none held

10. Usual occupation Farmer

11. Industry or business _____
12. Name SISTER: Mrs. Lean Duffie
Unknown Fulton, Arkansas
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Prison Hosp. Records
(b) Address Jefferson City, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence Nov. 9, 1945
(c) Where did injury occur? within prison walls
Jefferson City, Cole County, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Removal (b) Date thereof Nov 12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wirkville, Mo.
(d) Signature of funeral director Dr. J. B. Bensch

While at work? no (Specify type of place)
(e) Means of injury sharp corner
23. Signature J. T. Leslie M.D. (County) Cole
J. T. Leslie M.D. Coroner 11-9-45
Address Cole County Mo. Date signed _____

(b) Address Jefferson City, Mo.
19. (a) 11-13-45 (b) R. F. Harris MD
(Date received local registrar) (Registrar's signature)

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

6-5-4

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed.....

1-19-45

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.....

Victor Buescher

Licensed Embalmer No.....

3701

P. O. Address.....

Jefferson City, 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.