

No. 2
1-5-43
5-17-39
I X36671

FILED AUG 1 1948

3041

Registration District No. **2068** Primary Registration District No. **3041**

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Somerset 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Rural Macon
(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 William Fetter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7
year 1946 hour 3:45 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 2 1945
to Apr 7 1946
that I last saw him alive on Apr 6 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Fetter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1876
(Month) (Day) (Year)

Immediate cause of death
Super. neoplasm of left kidney with metastases to chest (lung) and at femur

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

69 5 1 _____ hr. _____ min.

9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Fetter

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

14. Maiden name B. Jasty

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

Major findings:
Of operations _____

Of autopsy 123K

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

16. (a) Informant Ms Bertha Fetter

(b) Address R R Macon Mo

17. (a) burial (b) Date thereof Apr 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

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? _____

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon Mo

19. July 23 1946 (b) Wuth McNeely
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature M. P. Bronoway (M. D. or other)

Address Macon Mo Date signed 6-18-46

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

MOTHER, FATHER

148

14 3.1

RECEIVED

District Health Officer No. 10

District File Number 7-46-1455

Date Filed JUL 30 1946

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 Robert S. Keenan

Licensed Embalmer No. 75-1

P. O. Address Macon 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.