

S. No. 2
M-8-43
5-17-39
P-1 X37823

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

29812

State File No. _____

FILED OCT 7 1946

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXX/XXXX /

(d) Length of stay: In hospital or institution XXXXX
(Specify whether years, months or days) All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. Linn Township 0
(If rural, give location) 0

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

If yes, name country XXXXXX

3. (a) PRINT FULL NAME ROSCO R. FELTY

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. XXXXX

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced D 5

6. (b) Name of husband or wife XXXXXX

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

7. Birth date of deceased July 21 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1946 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to 9.22.46

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>2</u>	<u>1</u>	<u>XXX</u> hr. <u>XXX</u> min.

Immediate cause of death Coronary Thrombosis hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Jerico Springs, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXX

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name John Felty 9

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

14. Maiden name Mary Brown

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

16. (a) Informant Ed Reed Chainger
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 9-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omer Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) 9-28-46 (b) Geneva Garrison
(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 Wm. B. Kullter (M. D. or other) 0
Address Stockton, Mo. Date signed 9-24-46

5K (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Dis:

Dis:

Date Filed

Order No. 7,

9-46-990

10-4-96

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..... *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address..... *Stockton, Ca*

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.