

S. No. 2
M-8-43
v. 5-17-39
I X37823

30622

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 18 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 N. Main St.
(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) 45 years

3. (a) PRINT FULL NAME ELIZABETH FEATHERSTONE

3. (b) If veteran, name war none 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 James E. Featherstone 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased October 22 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Patrick County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Beck

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

14. Maiden name Ann Feltenbarger

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

16. (a) Informant Mrs. Eva Ford

(b) Address 209 N. Main, Carthage, Mo.

17. (a) removal (b) Date thereof Aug. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 8-19-46 (b) R. B. Clinton, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 209 N. Main St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 6 minute 00 a.m.

21. I hereby certify that I attended the deceased from Feb. 21, 1946, to Aug 6, 1946;
that I last saw h. alive on Aug 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to _____

Due to _____

Other condition Uterine sclerosis
(Include pregnancy within 3 months of death)
Senile dementia

Major findings:
Of operations _____

Of autopsy 48B

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 R. H. Webster (M. D. or other)

Address Carthage Mo Date signed Aug 17

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

29434

46

46-8-212

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.....

Robert H. Knell....., Registered Apprentice No. 406
working under my personal supervision.

Signed Emm R. Knell.....

Licensed Embalmer No. 391

P. O. Address Carthage.....

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.