

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41637

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 46

1. PLACE OF DEATH  
(a) County Platte City  
(b) City or town Platte City  
(c) Name of hospital or institution: 3  
(d) Length of stay: 2 weeks  
In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Daviess 31  
(c) City or town Jameson  
(d) Street No. -  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Le Parker Allen Feurt  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month Nov. day 29 year 1946 hour 9 minute A. M.  
21. I hereby certify that I attended the deceased from 11-18-46  
that I last saw him alive on 11-18- 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Julia Feurt  
7. Birth date of deceased June 15 1871

Immediate cause of death Carcinoma - generalized.  
Duration 4 wks.

8. AGE: Years 75 Months 5 Days 14  
If less than one day hr. min.

Due to Carcinoma - generalized.

9. Birthplace Daviess Co. Mo.

Due to Carcinoma - generalized.

10. Usual occupation Farmhand

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Retired

Major findings: 55E

12. Name James B. Feurt  
13. Birthplace Un Known

Of operations 55E

14. Maiden name Sarah Ann Feurt  
15. Birthplace Un Known

Of autopsy 55E

16. (a) Informant Mrs Walter Ford  
(b) Address Platte City

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 2

17. (a) Burial (b) Date thereof 12-1-1946  
(c) Place: burial or cremation Gallatin, Mo.

(b) Date of occurrence 2  
(c) Where did injury occur? 2  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

18. (a) Signature of funeral director HOPE FUNERAL HOME  
(b) Address Gallatin, Mo.

(e) While at work? 2  
(c) Means of injury 2

19. (a) 12-4-46 (b) Mrs. Opelia Rollins

23. Signature W. B. Brink (M. D. or other) D.O.  
Address Platte City, Mo. Date signed 11-29-46

257 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
40450

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *L. O. Richesson*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Fallating, 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: