V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8380

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 25

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 609 E. SPRING
(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)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 609 E. SPRING
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS CHRISTINA FELTON
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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER 19 - 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	2	0	hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN HOME

MOTHER FATHER
12. Name HUBERT FELTON
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name ANNA CATHERINE LESLIE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MRS FRANK BRENGARTH
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation CATHOLIC CEMETERY
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE, MO.
19. (a) 2-22-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 19th year 1947 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from Oct 19 39 to Feb 19 47 that I last saw her alive on Feb 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Starvation	3 mos.
Due to Carcinoma of esophagus or bronchus (?)	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 P

Major findings: Of operations None performed
Of autopsy None performed

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

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? (Specify type of place)
While at work? (a) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address Boonville, Mo. Date signed 2/20/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-22-47

JUL 1 1947

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 HARRY E. MONROE Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, 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.