S. No. 2
M.—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42410

Registration District No. 22 Primary Registration District No. 4339 Registrar's No. 68

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. LOCUST ST. 1
(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 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MONROE 69
(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No. W. LOCUST ST. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MARY KATHLEEN FEATHERSTON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
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 DEC (Month) 13 (Day) 1947 (Year)
8. AGE: Years | Months | Days | If less than one day hr. 2 min.
9. Birthplace PARIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation NONE
11. Industry or business ✓
FATHER 12. Name GENTRY FEATHERSTON
13. Birthplace STURGEON (City, town, or county) MO. (State or foreign country)
MOTHER 14. Maiden name VIVIAN A. DAVIS
15. Birthplace MONROE CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant GENTRY FEATHERSTON
(b) Address PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director NONE
(b) Address
19. (a) 12-13-47 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 13 year 1947 hour 6 minute OOR A.M.
21. I hereby certify that I attended the deceased from 12-13- 1947, to 12-13- 1947; that I last saw her alive on 12-13 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature - 7 months
Lived 2 to 5 minutes
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (e) Means of injury
23. Signature F. G. Barnett (M. D. or other) MD
Address PARIS, MO. Date signed 12-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-1782
Date Filed DEC 2 2 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.