FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12245

Registration District No. FILED APR 20 1948 Primary Registration District No. 5456 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Highway # 123
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 24
(c) City or town Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Donalda Patricia Featherstone
3. (b) If veteran, name war No
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 January (Month) 24 (Day) 1929 (Year)

8. AGE: Years 19 Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace San Francisco (City, town, or county) California (State or foreign country)
10. Usual occupation Student
11. Industry or business Drury College
FATHER
12. Name John F. Featherstone
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Donald Leah McCanddis
15. Birthplace ..... (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs. John F. Featherstone
(b) Address Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) April 13-1948 (Date received local registrar) (b) Florence Britain (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from No physician, to in attendance 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of chest & cerebral contusion
Due to collision of car in which she was a passenger &
Due to a truck
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 11, 1948 22
(c) Where did injury occur? Greene (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury Automobile
23. Signature [illegible] C. Stone, Coroner (M. D. or other)
Address Springfield, Mo. Date signed 4-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 48-4-35
Date Filed 4-19-48

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 Walter E. Hamelle

Licensed Embalmer No. 3808

P. O. Address Springfield 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.