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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27346

Registration District No. 294 | Primary Registration District No. 3056 | Registrar's No. 230

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Whitaker Hospital O
(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 Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 634 No Aunt
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

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6
2
0

3. (a) PRINT FULL NAME Kate L Featherstone

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 Married

6. (b) Name of husband or wife Willard

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April (Month) 12th (Day) 1875 (Year)

8. AGE: Years 73 Months 4 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business [illegible]

MOTHER FATHER

12. Name Thomas Ferguson

13. Birthplace ____ (City, town, or county) Va (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant Willard Featherstone

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malan and Son

(b) Address Moberly Mo

19. (a) Sep 6-48 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th year 1948 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 27, 1948, to Sept. 4, 1948, that I last saw her alive on Sept 4th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death lymphatic leukemia — Duration

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) No

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 E. T. Whitaker M.D. (M.D. or other)

Address Moberly Mo Date signed 9-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 9-48-16
Date Filed SEP 13 1948

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 Frank D. D'Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.