FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28916

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 971

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Jamesport 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jamesport, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Pearl Feagan
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Pearl Feagan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 5 (Day) 1885 (Year)

8. AGE: Years 63 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Gower (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name William Feagan 0
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Grooms
15. Birthplace Gower (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Thelma Stout
(b) Address Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Union Mills Cemetery
18. (a) Signature of funeral director Heaton-Brownian
(b) Address St. Joseph, Mo.
19. (a) Sept 15, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 9-6-48, 19..., to 9-12, 1948
that I last saw him alive on 9/12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to Transection cervical spinal cord
Due to Fract Disloc Spine
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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) automobile 32
(b) Date of occurrence 9-6-48
(c) Where did injury occur? Rural, DeKalb Co., Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? -- (e) Means of injury auto

23. Signature Jacob Kulowski (M. D. or other) 0
Address St. Joseph Mo Date signed 9-13-48

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

Run [illegible] Roadway [illegible]

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

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.....Eugene Wood

Licensed Embalmer No. 3807

P. O. Address 319 S 10th, St. Joseph

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0 C

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 971

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearl Feagan Flagan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days Unless than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

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