

S. No. 300
M-1047
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35382

FILED OCT 19 1948

Registrar's No. 155

Registration District No. 560

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Sunset Lodge - 322 N. Cedar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community many years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸

(c) City or town Neuada ¹
(If outside city or town limits, write "RURAL")

Street No. 322 N. Cedar ²
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Hattie W. Feely

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1948 hour 6:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from 9-1-48, 19____, to 9-28, 19____.

that I last saw him alive on 9-27-48, 19____; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

6. (a) ~~Single~~ widowed, ~~divorced~~ divorced

6. (c) Age of husband or wife if alive years 21 1871 (Year)

7. Birth date of deceased: Nov (Month) 21 (Day) 1871 (Year)

Immediate cause of death:
Atherosclerosis heart
design c acute
left ventricular
failure.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 10 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace: Sale Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hort Know

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

14. Maiden name _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sunset Lodge records

(b) Address Neuada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Keydon Burial Park

18. (a) Signature of funeral director Serry Funeral Home

(b) Address Neuada, Mo.

19. (a) 10-5-48 (Date received local registrar) (b) Ralph H. Nancy (Registrar's signature) 2211

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? _____

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

23. Signature R. Blasta Cory (M. D. or other) _____
Address Neuada, Mo. Date signed 9-28-48

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1192

Date Filed 10-18-48

NOV 5 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.....

Licensed Embalmer No. 1760

P. O. Address. Nevada 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.