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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 10

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 35503

Registrar's No. 776

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 515 N. Wade St.
(If rural, give location)

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

If yes, name country _____

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1
2
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3. (a) PRINT FULL NAME Vickie Sue Fecht & Peggy Fecht

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 November 30, 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 25 min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

FATHER
12. Name Thomas Fecht
13. Birthplace Mexico, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Peggy Dennis
15. Birthplace Iowa City, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Fecht
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 48
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Prude
(b) Address Mexico, Mo.

19. (a) 12/1/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 11 day 30
year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4 P.M. 11-30, 1948, to death, 19__;
that I last saw her alive on 11-30, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth	1 hour.
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.

159

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 K. D. Swan (M. D. or other) D.O.
Address 1005 W. Lowe St. Mexico Mo. Date signed 12/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-20
Date Filed DEC 6 - 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 not

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

working under my personal supervision.

Signed Earl T. Powers

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.