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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 31 1949
Registration District No. 218

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5789

State File No. 42560

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
1 mile north of Anniston
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Mississippi

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

(d) Street No. 1 Mile north of Anniston
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Thomas Fellows

3. (b) If veteran, name war Not Known

3. (c) Social Security No. Not Known

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Fellows, Dec'd.

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

7. Birth date of deceased June (Month) 28, (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	5	19	hr. min.

9. Birthplace Morganfield, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name John Henry Fellows
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Conrad
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Edith Hodges
(b) Address Anniston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri.

18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston, Missouri

19. (a) Jan 19, 1949 (Date received local registrar) (b) Anna Harper (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 17th year 1948 hour Approx. 2:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Attended as Coroner 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broken Neck

Due to Hanging self with rope from rafter

Due to in barn near home?

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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) Suicide

(b) Date of occurrence 12-17-1948

(c) Where did injury occur? Anniston (City or town) Miss (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near residence in barn. (Specify type of place)

While at work? No (e) Means of injury

23. Signature John F. Nunnelee Jr. (M.D. or other) Coroner

Address Charleston, Mo Date signed 12-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 149-13
Date Filed 1-26-49

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.