

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1914

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33776
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City Nevada or (d) Street No. 1000 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. 11 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Leo Felters
 (a) Residence, No. Kansas City, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>67</u>	<u>3</u>	<u>7</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Mo.

FATHER
 13. NAME Wm. Gos. Fetter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
 15. MAIDEN NAME Ann Hilbert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT State Hospital No. 3 Records Nevada, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Miss. Mary's Co. DATE Sep 16 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Funeral Service Nevada Mo.
 20. FILED 9-16 1939 Allen E. Hoyle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1939, 1939, to Sept 15 1939, 1939
 I last saw h. p. alive on Sept 15 1939, 1939. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Empyema of left chest
Multiple Abscesses of both lungs
Chronic Myocarditis
Fracture of left humerus due to fall
 Date of onset 9-15-39

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 9-15, 1939
 Where did injury occur? State Hospital #3
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 in State Hospital #3
 Manner of injury Pt. fell on floor
 Nature of injury Fracture upper 1/3 left humerus

24. Was disease or injury in any way related to occupation of deceased? _____
 (Signed) G. S. Warwick, M. D.
 (Address) State Hospital No. 3 Nevada

RECEIVED

District Health Officer No. 7,
District File Number 7-39-1446
Date Filed 10-11-39

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.....

Allen V. Hays

Licensed Embalmer No.

1968

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, above space should be left blank.