

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

**2554**  
Do not use this space.

**FILED FEB 21 1940**

1. PLACE OF DEATH

(a) County Howell Registration District No. 384

(b) Township Howell Primary Registration District No. 5335

(c) City Branzville (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. Featherston 362

(a) Residence, No. same St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FOR 22 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>9</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as saw mill, bank, etc. church

10. Date deceased last worked at this occupation (month and year) 1/40 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Kentucky

13. NAME John Featherston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Martha Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. J. C. Featherston BRANZVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE 2/15/40

19. FUNERAL DIRECTOR (ADDRESS) Paige Robertson West Plains, Missouri

20. FILED 2-15-40 1940 Vida W. SIMONS Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1940 to 2-11, 1940

I last saw him alive on 2-8, 1940 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 2-7-40

Other contributory causes of importance:

Parotid Ulcer

Pyelitis Heart Disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) D. W. Coyle, M. D.

(Address) Way

I X12004  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.

STATEMENT BY LICENSED EMBALMER

I, Raymond Robinson, Licensed Embalmer No. 3079  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
J. B. Featherston L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Raymond Robinson  
Licensed Embalmer No. \_\_\_\_\_

**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.)**