No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14210

State File No.

FILED MAY 13 1940

Registration District No. 40

Primary Registration District No. 5058

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

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

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. R.F.D. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew Amos Feezell 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife wife Lula Feezell

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

7. Birth date of deceased April (Month) 14 (Day) 1873 (Year)

8. AGE: Years 67 Months Days 11 If less than one day hr. min.

9. Birthplace Greenfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Ballis Feezell

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

14. Maiden name Unkown

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

16. (a) Informant Mrs. John Glaze

(b) Address Lamar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Corry

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

(b) Address Lamar Mo.

19. (a) April 26 1940 (Date received local registrar) (b) Mrs. Josephine Mypatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1940 hour 2 P.M minute M.

21. I hereby certify that I attended the deceased from Apr 15 April 1940 to Apr. 1940 that I last saw h alive on April 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

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)

(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 C. E. Duckett (M. D.)

Address Lamar Mo. Date signed Apr 26 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 540-1258
Date Filed MAY 8 1940

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 Ethel J. Mann

Licensed Embalmer No. 5816

P. O. Address Tamar 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, above space should be left blank.