No. 2
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17-39
X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1721

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 709 Lyons (If rural, give location)

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

3. (a) PRINT FULL NAME LAURA FEELY

3. (b) If veteran, name war 1

3. (c) Social Security No. 490-07-3111

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John A. Feely

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

7. Birth date of deceased ~~Dec~~ Feb. (Month) 21 (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Dressmaker

11. Industry or business

FATHER
12. Name Harvey McCowan
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Pearlina Craig
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hospital Records

(b) Address [redacted] Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-41 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director R. O. Wiley

(b) Address Columbia Mo

19. (a) 1/11/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 7, 1940, to Jan 10, 1941; that I last saw her alive on Jan 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to atelectasis & lung abscesses	13 days
Due to ~~Generalized carcinomatosis~~ Carcinoma of stomach c̄	2 mos?
Other conditions Metastases to peritoneum (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of stomach c̄ extensive peritoneal spread
Of autopsy as enumerated above

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 [illegible] (M. D. or other)

Address Columbia, Mo. Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3183

P. O. Address.....

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

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