

FILED APR 21 1941

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

10581

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buffalo Registration District No. 283  
 (b) Township 35 Primary Registration District No. 5402  
 (c) City Carlyle Mo (d) Street No. Rt. D# 1 Registered No. 0  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mr. Alford Grover McFeeters  
 (a) Residence, No. Carlyle Mo Rt. D# 1 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17th 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
 10. Date deceased last worked at this occupation (month and year) March 4, 1941 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jim McFeeters

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

MOTHER 15. MAIDEN NAME Hilda Moon

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

17. INFORMANT (ADDRESS) Gertrude McFeeters  
Carlyle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McGrew Cem. DATE 3-16th 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Randal L. Mitchell  
Carlyle Mo

20. FILED 4-10 1941 J. H. Dawson  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1941

22. I HEREBY CERTIFY That I attended deceased from March 14, 1941 to March 14, 1941

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, 9.4 a.m.

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

Accidental death  
causing of entire  
top of skull per-  
mitting the brain tissue  
to be torn & fall out.

Other contributory causes of importance:  
Felling tree 4 mile  
back of home in woods  
tree in falling hit down and  
struck on top of head.

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

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? accident Date of injury 3-14, 1941  
 Where did injury occur? 4 mile back of home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury tree being felled in  
woods  
 Nature of injury tree crushed skull

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

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

(Signed) J. H. Dawson M. D.

(Address) Carlyle Mo

JUL 8 1947

RECEIVED

District Health Officer No. 2,

District File Number 441-500

Date Filed 7/16/47

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**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.....

P. O. Address.....

**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.**