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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19393

State File No. 1[illegible]

Registration District No. 24 Primary Registration District No. 4018 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Laddonia
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4

(a) State Missouri (b) County Audrain 0

(c) City or town Rush Hill 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alfred Feutz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 5

6. (b) Name of husband or wife Addie Feutz

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

7. Birth date of deceased September (Month) 8 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	8	9	hr. min.

9. Birthplace Olney (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Abraham Feutz
13. Birthplace (City, town, or county) Switzerland (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Harry Armstrong
(b) Address Laddonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 18 (Day) 41 (Year)
(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director Earl E Pruch
(b) Address Mexico, Mo.

19. (a) 5-17-1941 (Date received local registrar) (b) W K McCall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1941 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from April, 23, 1941 to May 17, 1941
that I last saw him alive on May, 16, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	
Due to Old age 44	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature R. B. Baize (M. D. or other) D.O.
Address Laddonia, Mo Date signed 5-17-41

(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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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