

No. 2  
1-4-41  
17-39  
22390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35591

Registration District No. 605

Primary Registration District No. 4359

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Malden Rural "Came"  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Abent. 11 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Malden Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernest Feagan

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 \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MDR. 11<sup>th</sup> 1916  
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation F.D.M. 119

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Earl Feagan

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

14. Maiden name Lena Stephens

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

16. (a) Informant Ms. Lena Feagan

(b) Address Malden Mo. "Rural" #1

17. (a) Burial (b) Date thereof 10-22-41  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: Burial, Dealia, Mo.

18. (a) Signature of funeral director Lansless James Home

(b) Address 10-40-41 (c) Dealia, Mo.  
(Date received by local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19<sup>th</sup>  
year 1941 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from 10-17-41  
1941 to 10-19- 1941  
that I last saw him alive on 10-18- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 95C 2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. G. Mitchell (M. D. or other) M.D.  
Address Malden Mo. Date signed 10/20/41

534 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1141-1502

Date Filed 11/10/41

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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 Christina M. Landeas

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

**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, fact should be so stated above.**