

5. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5862

State File No. ....

FILED MAR 19 1942  
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 30

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 5 days (Specify whether  
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Monroe  
(c) City or town Madison  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes name country \_\_\_\_\_

3. (a) PRINT FULL NAME Featherston, Elijah C.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 7th  
year 1942 hour 1:00 minute 35 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Featherston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 31 1858 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 2nd, 1942 to Feb. 7th 1942  
that I last saw him alive on Feb. 7th 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 8 6 hr. min.

Immediate cause of death Acute Pancreatitis  
Acute Peritonitis Duration 1 day  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 53

9. Birthplace Monroe County Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Merchant

Major findings: Melanin Carcinoma SKIN  
Of operations \_\_\_\_\_  
Of autopsy acute Pancreatitis  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business Merchant  
12. Name Green B. Featherston  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Anna Broadus  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Patient  
(b) Address Madison, Mo.  
17. (a) Burial (burial, cremation, or removal) (b) Date thereof Feb 9, 42 (Month) (Day) (Year)  
(c) Place: burial or cremation Suzanne Mack  
18. (a) Signature of funeral director Frank A. Johnson  
(b) Address Madison Mo  
19. (a) 2/2/42 (Date received local registrar) (b) Allie Delby (Registrar's signature)

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. Vackerman (M. D. or other) M.D.  
Address Columbia Mo. Date signed 2/2/42

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

404  
Sally  
Parr  
Parr

**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 Jud A. Thompson

Licensed Embalmer No. 1424

P. O. Address. Madison, MS,

**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.**