

FILED DAY 14 1942
Registration District No. _____

Primary Registration District No. 3010

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Atwoods Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton
(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 Squire William Feeter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr, day 28
year 1942 hour 1 minute 25 P.M.

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ann Cox 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 10 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-27 1941 to 4-28 1942
that I last saw him alive on 4-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration ?
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 10 2
Of autopsy _____

8. AGE: Years 67 Months 10 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business _____

MOTHER FATHER 12. Name Ira Feeters

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

14. Maiden name Hettie Hickman

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

16. (a) Informant Hugh A. Feeters

(b) Address Indianapolis Ind

17. (a) Burial (b) Date thereof 4-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 4-30-42 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

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 0
23. Signature W. G. Atwood (M. D. or other) 0
Address Carrollton Mo Date signed 4/29/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-42

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 Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton, 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.