

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

17739
 Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 181
 (b) Township Peik Primary Registration District No. 5251
 (c) City _____ (d) Street No. _____ St.
 (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 PAUL FEHRING
 (a) Residence, No. R R St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Bachelor</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 7th 1869</u>				
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>21</u>	IF LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decorah Iowa</u>				
FATHER	13. NAME <u>Henry Fehring</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
MOTHER	15. MAIDEN NAME <u>Hertoude Sauter</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT (ADDRESS) <u>Joe. Orlier Billings, MO</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Joseph Catholic</u> DATE <u>May 25, 1942</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wallace Funeral Home Billings, MO</u>				
20. FILED <u>May 22, 1942</u> <u>Mary F. Spears</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 23, 1942</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 22, 1940</u> , to _____, 19____.	
I last saw him alive on <u>May 22, 1942</u> . Death is said to have occurred on the date stated above, at <u>3:00 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>nephritis due to arteriosclerosis</u> <u>arteriosclerotic heart disease</u> <u>Hypertension</u>	
Date of onset <u>3-22-42</u>	
Other contributory causes of importance: <u>Left Hemiplegia</u>	
Name of operation _____	Date of _____
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? _____ Date of Injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____	Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Charles A. Spears</u> M. D. (Address) <u>Billings, MO</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16905

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 642-830

Date Filed JUN 1 1 1942

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed C J Floyd

Licensed Embalmer No. 3527

P. O. Address Bullings 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, above space should be left blank.