V. S. No. 2
10M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9477

Registration District No. 78 Primary Registration District No. 5077 Registrar's No.

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: R.F.D. Butler - Charlotte Twp
(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 16 yrs -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo - (b) County: Bates
(c) City or town: Butler R.F.D. #4
(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: Jasper F. Feugate
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: /
6. (b) Name of husband or wife: Eveline Jasper Feugate
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 28 (Day) 1869 (Year)
8. AGE: Years 73 Months 3 Days 29 If less than one day hr. min.
9. Birthplace: Odessa Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Reuben Feugate
13. Birthplace: Mo - (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs J. F. Feugate
(b) Address: Butler Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakhill
18. (a) Signature of funeral director: Booth's
(b) Address: Butler Mo
19. (a) Feb 7 (Date received local registrar) (b) Viola L. Gillis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan - 1939, 19..., to Jan 26 - 1943, that I last saw him alive on Jan 26 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis
Due to: Cerebral Hemorrhage
Hemiplegia left side
Due to: Myocarditis
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: none
Of autopsy: /

Duration

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
23. Signature: C. H. Lusk (M. D. or other)
Address: Butler Mo Date signed: 1-28-43

1352 (Licensed Embalmer's Statement on Reverse Side)

1-43-153
2-27-43

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.