S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13621

FILED MAY 10 1943

Registration District No. 30

Primary Registration District No. 5101

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Bentonville (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 ..... In this community all of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

(c) City or town Bentonville (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME George Washington Feaster

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 8 (Month) 21 (Day) 1853 (Year)

8. AGE: Years 89 Months 7 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Benton Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Elbert Feaster

MOTHER FATHER

12. Name Jenkuma

13. Birthplace Benton Co (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Deborah Cobb

15. Birthplace Benton Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant G. L. Feaster

(b) Address Quincy, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 20 43 (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Church

18. (a) Signature of funeral director C.S. Hathaway

(b) Address Wheatland Mo

19. (a) 4-19-43 (Date received local registrar) (b) Jas A Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 11th 1913 to April 18 1943 that I last saw him alive on April 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration 12 yrs.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 1310

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature James Logan (M. D. or other)

Address Wheatland Mo Date signed 4/19/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1943

RECEIVED
District Health Officer No. 7,
District File Number 4-43-190
Date Filed 5-5-43

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.