

FILED MAY 4 1943
Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
609 East Spring St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 Years (Specify whether years, months or days)

In this community 79 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank J. Felten

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color of face White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Oct. 15, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>5</u>hr.min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Hubert Felton

13. Birthplace Cooper Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Beslie

15. Birthplace Cooper Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Esser

(b) Address 727 E. Spring St Boonville,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director L.J. Meister

(b) Address Boonville, Missouri

19. (a) Apr. 23-43 (Date received local registrar) (b) Dr Chas. Swep. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 609 East Spring St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th.
year 1943 hour 6.15 minute A. M.

21. I hereby certify that I attended the deceased from October 1934 to April 20, 1943;
that I last saw ~~him~~ her alive on April 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis 10yrs.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.A. Ziegler (M. D. or other) Dr.

Address Boonville Mo. Date signed 4-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 4 1943

JUN 1 1943

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 C. Ireland

Licensed Embalmer No. 1399

P.O. Address Higbee 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.