

LED MAY 20 1943
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 212 W Henry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GRANT MCFEDERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MA 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mcfeders 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 2 6 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andrew McFeders
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rufena Edwards
(b) Address 213 W Scooper Sedalia
17. (a) Burial (b) Date thereof 4-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown Mo

18. (a) Signature of funeral director A. D. Jefferson
(b) Address 117 E Jefferson
19. (a) 4-8-43 (b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 43 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar 25 1943 to Apr 4 1943
that I last saw him alive on Apr 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis (acute) Duration 9 days
Ruptured appendix 9 days
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Inflammatory Condition of the internal viscera
Autopsy none

PHYSICIAN

Indicate the case 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 _____
23. Signature M. D. Jefferson (M. D. or other)
Address 117 E. W. Main Sedalia Date signed 4/8/43

RECEIVED

Health Officer No. 8
District File Number
Date Filed 5-17-43

MAY 20 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 F D Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.