

FILED OCT 7 1943 / 37

Registration District No. **37**

Primary Registration District No. **3023**

Registrar's No. **185**

42
2

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

1. PLACE OF DEATH:

(a) County **Henry**

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

(c) Name of hospital or institution: **Community Clinic**
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **60 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Henry** **042**

(c) City or town **Clinton mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **South 2nd st**
(If rural, give location)

(e) Citizen of foreign country? **No**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ANNA MARIE FELDOTT**

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

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **Harry Feldott**

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

7. Birth date of deceased **Dec 2 1861**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **16**
If less than one day hr. min.

9. Birthplace **St Louis mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home work**

11. Industry or business _____

12. Name **Frank Bohne**

13. Birthplace **St Louis mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Christian Hadel**

15. Birthplace **St Louis mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Flores Alara**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **9-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Consuelo Beck**

(b) Address **Clinton mo**

19. (a) **Sept 20 1943** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **18** 19**44**
year **1943** hour **11:30** minute **P** M.

21. I hereby certify that I attended the deceased from **1939**
Sept 19 to **Sept 18 44** 19**43**
that I last saw him alive on **Sept 18 44** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastroenteritis (acute)**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **120 a'**

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? _____

While at work _____
(Specify type of place)

(c) Means of injury _____

23. Signature **Joseph B O'Neil** (M. D. or other) **M.D.**

Address **Clinton mo** Date signed **9-20-43**

Duration

2 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Officer No. 7,
District File Number 9-43-1000
Date Filed 10-7-43

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 *J. E. Conzalez*
Licensed Embalmer No. *1891*
P. O. Address *Clinton, 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.