

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41903**  
Registrar's No. **138**

FILED JAN 12 1944  
Registration District No. **3-19**

Primary Registration District No. **6-199**

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

1. PLACE OF DEATH:  
(a) County **CARROLL**  
(b) City or town **TINA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**HOME 3/4 mile South Tina**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **82 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Carroll** **17**  
(c) City or town **TINA** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **3/4 mile South** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Cordelia FIEBER**  
(b) If veteran, name war **Y**  
(c) Social Security No. **X**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** day **28**  
year **43** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Nov. 15**  
19**43**, to **Dec. 28** 19**43**;  
that I last saw her alive on **Dec. 28** 19**43**;  
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **J.J. Fieber**  
(c) Age of husband or wife if alive **82 years**  
7. Birth date of deceased **SEPT 24 1861**  
(Month) (Day) (Year)

Immediate cause of death **CARDIAC FAILURE** Duration **3 wks.**  
Due to **Generalized Edema** **6 wks.**  
**Senility**  
Due to **Possibly CANCER OF RT. Lung.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **82** Months **3** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Carroll County Missouri**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Ulrich PERRETON**  
13. Birthplace **Switzerland** **5**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth BERTH**  
**Switzerland** **5**  
(City, town, or county) (State or foreign country)  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
16. (a) Informant **J.J. FIEBER**  
(b) Address **TINA MISSOURI**  
17. (a) **Burial** (b) Date thereof **12/30/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Burial in Home**  
18. (a) Signature of funeral director **Clifford W. Quast**  
(b) Address **TINA, MO.**  
19. (a) **12-30-43** (b) **Mrs. James Rafferty**  
(Date received local registrar) (Registrar's signature)

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 **R. W. Mathew** (M. D. or other) **U.O.**  
Address **1224 N. Tenth, Mo.** Date signed **12/29/43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-21-44

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.....

*Clifford W. Austin*

Licensed Embalmer No. *3233*

P. O. Address.....

*Tena, Missouri.*

**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.**