

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1944

Primary Registration District No. 4285

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Lewistown
(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 _____

3. (a) PRINT FULL NAME John Gustavious FeigenSPAN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 1.0 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 3
1944 to March 9 1944
that I last saw him in live on March 9
and that death occurred on the date and hour stated above. 1944

4. Sex M 5. Color or face W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta FeigenSPAN 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 24 1873
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Failure Duration _____

Due to Pneumonia

8. AGE: Years 74 Months 11 Days 15 If less than one day _____ hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation Farmer - Retired

Other conditions (Include pregnancy within 3 months of death) 107

MOTHER FATHER { 11. Industry or business _____

12. Name Fredrick FeigenSPAN

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name HATTARA MATTER HAYER

15. Birthplace Germany 4
(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.

16. (a) Informant Alton M. Dasher

22. If death was due to external causes, fill in the following:

(b) Address Monticello, Mo.

17. (a) Burial (b) Date thereof March 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation Steppenville

(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? _____

18. (a) Signature of funeral director Thomas Ball
(b) Address Evings, Mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 3/10/44 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

23. Signature Edward J. ... (M. D. or other) _____
Address Lewistown, Mo. Date signed 3/10/44

51 - 11 72
15
78 - E 69 81
6 - E 74 61
11 11

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.