

S. No. 2
M-5-42
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14399

State File No.

FILED MAY 5 1944

Registration District No.

Primary Registration District No. 5240

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
XXXX (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20
(c) City or town Rurel-Wasnington Township 10
(If outside city or town limits, write "RURAL")
(d) Street No. XX X
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME CLARENCE WALTON FELTY

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Bertha Felty
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April 19, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 14 XX hr. X XX min.

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

10. Usual occupation Farming

11. Industry or business XXXX

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Felty

(b) Address Dunmegan, Missouri

17. (a) Burial (b) Date thereof 4-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omer Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 4-30-44 (b) Mrs. Ethel E. Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1, 1944 to April 3, 1944
that I last saw him alive on April 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Natural resurgitation
Duration: 3 months

Due to

Due to

Other conditions: 928
(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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature J. J. Felty (M. D. or other) J. J.

Address Stockton, Mo. Date signed 4-21-44

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

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 4-44-586

Date Filed 5-4-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.