

S. No. 2
1-3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27471**

FILED SEP 2 1944

Registration District No. **59**

Primary Registration District No. **5224**

Registrar's No. **129**

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

1. PLACE OF DEATH:

(a) County **Cass**

(b) City or town **Rural Harrison Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **4 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Cass**

(c) City or town **Harrisonville (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No.:

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**

If yes, name country:

3. (a) PRINT FULL NAME WILLIAM LEWIS FEEBACK

3. (b) If veteran, name war. **L**

3. (c) Social Security No. **✓**

4. Sex **Male**

5. Color of race **White**

(a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife.

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

7. Birth date of deceased. **9/02 22 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	4	hr. min.

9. Birthplace **Carroll Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Abraham**

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

14. Maiden name **Lattie Ann Fuller**

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

16. (a) Informant **Lewis Feeback Neighbors**

(b) Address **Harrisonville Mo**

17. (a) **burial** (b) Date thereof **8-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pitts Chapel Cemetery**

18. (a) Signature of funeral director **RUNNENBURGER'S**

(b) Address **HARRISONVILLE, MO.**

19. (a) **Aug. 29, 1944** (b) **Margaret Tolle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **25**
year **1944** hour **2:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 21** 19**44** to **Aug 25** 19**44**
that I last saw him alive on **Aug 24** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis**

Due to **Arterial Hypertension**

Due to **Cardiac Decompensation**

Other conditions (Include pregnancy within 3 months of death) **13/a**

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause 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) (c) Means of injury **0**

23. Signature **David P. ...** (M. D. or other)

Address **Harrisonville Mo** Date signed **8/28/44**

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..... *Ernest R. Remminger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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.