6. No. 2
M—2-43
5-17-39
I X33597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5326

State File No. 34089

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Rural Meramec Township
(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

(d) Street No. Meramec Township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Mathew Feller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Frances Mae Feller

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 12th (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	26	hr. min.

9. Birthplace Philadelphia (City, town, or county) Penn / (State or foreign country)

10. Usual occupation Retired

11. Industry or business Merchant

FATHER
12. Name John Mathew Feller
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Michaels
15. Birthplace Treor (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Frances Mae Feller
(b) Address Cuba, Missouri Rt. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10th, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Kinder's Cem. Cuba, Mo.

18. (a) Signature of funeral director
(b) Address Cuba, Missouri

19. (a) 9-15-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-10- 1944, to 6-18 1944
that I last saw ~~he was alive~~ on 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Coronary Spasm	
Due to Coronary disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations N/A
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature
Address Date signed

1909

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 104536
Date Filed 10-17-44

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 J. S. Kirkland

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.