

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37196

State File No.

Registrar's No. 1141

FILED NOV 20 1944 42
Registration District No.

Primary Registration District No. 1200

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

1. PLACE OF DEATH:

(a) County Buckner

(b) City or town St. Joseph

(c) Name of hospital or institution: State Hospital No 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 mo 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shelby 11

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. (1)

3. (a) PRINT FULL NAME THEODORE E. FEELY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1944 hour 2-45 minute 45, M.

21. I hereby certify that I attended the deceased from 11-5 1944 to 11-8 1944
that I last saw him alive on 11-8 1944
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years (Month) (Day) (Year)

7. Birth date of deceased. Sept 18 1906
(Month) (Day) (Year)

Immediate cause of death. acute myocarditis

Due to. 93a

Due to. mental deficient Idiocy

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

8. AGE: Years Months Days If less than one day
38 1 25 hr. min.

9. Birthplace Kans 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.

MOTHER FATHER { 12. Name James M. Feely

{ 13. Birthplace MO 3
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bessie Mae Smith

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

PHYSICIAN

Major findings: Of operations.

Of autopsy.

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Hospital

(b) Address St Joseph MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, MO

18. (a) Signature of funeral director Feelyman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 11-8-44 (Date received local registrar) (b) Delvin J. Fisher (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 EE Salter (M. D. or other)

Address St Joseph MO Date signed

1371

NOV 28 1944

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

Robert H. Yaph

Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.