

7. S. No. 2
DOM-5-43
REV. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2538
Registrar's No. 26

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: ST. John's
(d) Length of stay: In hospital or institution 2 WIFE'S
In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee 999
(c) City or town Galena 14
(d) Street No. Sp. Grove - 17th + Wood 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John W. Fezzell
(b) If veteran name war No (c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 13 year 1945 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 13 1945
that I last saw him alive on Jan 13 1945
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Fezzell 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 1 1870 (Month) (Day) (Year)

Immediate cause of death Coronary embolus
Due to fracture Resect
Other conditions Scurvy
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Jervis (City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business Retired
12. Name Bayless Fezzell
13. Birthplace Jervis (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth unknown
15. Birthplace Jervis (City, town, or county) (State or foreign country)

Major findings:
Of operations 940
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mollie Fezzell (b) Address Galena Kan
17. (a) Removal (b) Date thereof 1/13 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Kan
18. (a) Signature of funeral director Frank Allison (b) Address Galena Kan
19. (a) 1-13-45 (b) Gertrude Sudhouth (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: No
(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) (State of injury)
23. Signature (M. D. or other) Date signed 1/15/45

45-1-26

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.....

Removed to Galena, Kan., Registered Apprentice No.....

working under my personal supervision. *No Emb.*

Signed *Frank Allison*

Kan. Licensed Embalmer No. *1321*

P. O. Address *Galena, Kan.*

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.