

FILED MAY 5 1945

Registration District No. 688

Primary Registration District No. 5235

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural-South Benton Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
In this community XXX 50 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town Rural-So. Benton Twsp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX

3. (a) PRINT WILLIE IRA FELLOWS  
FULL NAME

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

4. Sex Male 5. Color or race whitie 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Martha Francis Fellows 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June 22 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 8 9 XXXXXXXXXX min.

9. Birthplace Ostego Co. New York  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
10. Usual occupation Farming  
11. Industry or business XX  
12. Name Woren G. Fellows  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Roxana Thomason  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Fellows  
(b) Address Jerico Springs, Mo.  
17. (a) Burial (b) Date thereof 3-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brasher Cemetary  
18. (a) Signature of funeral director Church and Neale  
(b) Address Stockton, Missouri  
19. (a) Apr 5, 1945 (b) J. Schock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6  
1 - 143 to 2 - 17 - 1945  
that I last saw him alive on 2 - 17 - 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration hrs

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN

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 Wm B. Rickett (M. D. or other)  
Address Stockton, Mo. Date signed 3-5-45

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

RECEIVED

District Health Officer No: 71

District File Number 4-45-214

Date Filed 5-4-45

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, Ca

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.