

FILED DEC 16 1945

Registration District No. 2-2-16-1945

Primary Registration District No. 4-4-18-4134

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Clay County
(b) City or town Smithville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Smithville Community Hosptl. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 82 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Carden Point Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ezekiel Feugitt

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex Male 0

5. Color or race White

6. (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 December 8th 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Platte Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Marion Feugitt

13. Birthplace Tennessee!
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Smith

15. Birthplace Tennessee!
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Shell

(b) Address Carden Point Missouri

17. (a) Burial (b) Date thereof 11/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point Mo. Cer.

18. (a) Signature of funeral director Lucian Davis

(b) Address Leadbarn Missouri

19. (a) 11-10-45 (b) Mar. - Blain - Reccions
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day 10
year 1945 hour 7:54 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 5 1945 to Nov 10 1945
that I last saw him alive on Nov 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Art. Sclerosis
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Smithville, Mo Date signed 11-10-45

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.