S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22486

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 1407 N. Cedar (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Feeley
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Hattie Feeley
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July (Month) 4 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	4	hr. min.

9. Birthplace Bates Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name Norris Feeley 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Taylor
15. Birthplace (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs E J Groves 1
(b) Address Merwin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Missouri
19. (a) 7-1-'46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 7 minute 15 a.m.
21. I hereby certify that I attended the deceased from June - 3, 1946 to June - 8 - 1946 that I last saw him alive on June - 7 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain

Due to A fall on side walk accidental

Due to age and feeble physical condition

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.

1865
39

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 108
(b) Date of occurrence 5-3-46
(c) Where did injury occur? Nevada, Vernon Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place side walk (Specify type of place)
While at work? no (e) Means of injury falling
23. Signature S B Gadd, (M. D. ~~or other~~)
Address ~~June 17 '46~~ Date signed 6/10/46

33D (Licensed Embalmer's Statement on Reverse Side) Nevada, Mo.

RECEIVED
District Health Officer No. 7,
Division Number 6-46-720
Date Filed 7-10-46

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.