

S. No. 2
M-5-43
5-17-39
X3667

STANDARD CERTIFICATE OF DEATH

33366

State File No. _____

FILED NOV 7 1946
Registration District No. 139

Primary Registration District No. 225

Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Oregon
(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 _____

3. (a) PRINT FULL NAME Sidney McFadden
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19
year 1946 hour 6 minute 45 Rt.
21. I hereby certify that I attended the deceased from Oct. 19
1946 to Oct. 19 19 46
that I last saw him alive on Oct. 19 19 46
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Lily Welsch 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June Unknown 1862
(Month) (Day) (Year)

Immediate cause of death Tuberculosis Hemorrhage from lungs Duration 2 yrs
Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 4 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

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

MOTHER FATHER {
12. Name William Washington McFadden
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Adaline
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William (Bailey) McFadden
(b) Address Oregon, Missouri
17. (a) Burial (b) Date thereof Oct 21 1946
*(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

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?

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon Mo.
19. (a) Oct 22 1946 (b) J. Perry
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature John A. Aueller (M. D. or _____)
Address Oregon, Mo Date signed 10-27-46

DISTRICT HEALTH OFFICE
PORTLAND, Mo.

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

James H. Pettigrove

Licensed Embalmer No.

3192

P. O. Address

Oregon 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.