No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37413

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General
(If not in a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R # 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Charley Seven Featherston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Featherston
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec 5 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	7	hr. min.

9. Birthplace Bentonville (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Feed Merchant
11. Industry or business
FATHER 12. Name John B. Featherston
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Crane
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Charlotte Featherston
(b) Address R # 3 Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 194 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Nutt City Mud Co
(b) Address Nutt Co Mo
19. (a) 11-15-46 (Date received local registrar) (b) E D Jenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 7:45 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1 18, 1946, to Nov 12, 1946 that I last saw him alive on Nov 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart or Respiratory failure	
Due to: metastatic carcinoma	
Due to: Carcinoma Sigmoid	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 E	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. E. Heisler (M.D. or other)
Address Joplin Date signed 12/14/46

158 (Licensed Embalmer's Statement on Reverse Side)

46-11-993

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 Harvey E. Grace, Registered Apprentice No. 412, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.