No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

14269

State File No.

Millies

Registration District No. 217 Primary Registration District No. 5785 Registrar's No. 52

**1. PLACE OF DEATH:**

(a) County Mississippi

(b) City or town Rural Tana Grain Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Mississippi 67

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles So. East of Sikeston
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Douglas Gene Feagon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, ~~widowed, married~~, ~~divorced~~ O

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 18 (Day) 466 (Year)

8. AGE: Years | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace New Madrid Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Luther Feagon
13. Birthplace Paragould (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Letha Brotherton
15. Birthplace Patton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Luther Feagon
(b) Address Sikeston, Mo. R.F.D. #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid Co. Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 5-6-47 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 191

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 2
year 1947 hour 10 minute 10 a M.

21. I hereby certify that I attended the deceased from 2 Jan 47, 19, to 1 April 47, 19;
that I last saw him alive on 1 April, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Tetany, Parathyroid

Due to

Due to Parathyroid Glandular disease

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?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature Chester J Millies (M. D. or other)
Address Sikeston, Mo. Date signed 3 April

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 2-47-124
Date Filed 2-12-47

## 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 John Allritton

Licensed Embalmer No. 9941

P. O. Address Sikeston Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**