

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39148**

FILED DEC 11 1947  
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **408**

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
220 E. Morgan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 yrs (Specify whether)

In this community 75 yrs (years, months or days)

3. (a) PRINT FULL NAME ANNIE McFEDERS

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 Widowed

6. (b) Name of husband or wife Andrew McFeders

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

7. Birth date of deceased: 17 (Month) 7 (Day) 1863 (Year)

8. AGE: Years 84 Months \_\_\_\_\_ Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X X

12. Name Unknown 9

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

14. Maiden name Mathilde Wheeler

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

16. (a) Informant Mildred Bridgewater

(b) Address 220 E Morgan Sedalia Mo

17. (a) Burial (b) Date thereof 12-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Beaman Mo

18. (a) Signature of funeral director F. S. Ferguson

(b) Address 117 E. Jefferson Sedalia Mo

19. (a) 12-2-47 (Data received local registrar) (b) Betty Yeager (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Pettis

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 220 E Morgan 4  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1947 hour 2:27 minute P M.

21. I hereby certify that viewed the deceased was as caused 12/1/47, 1947, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Death by Fire

Due to explosion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 181/5

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:

(c) Accident, suicide, or homicide (specify) accident 132

(b) Date of occurrence 12/1/47

(c) Where did injury occur? Sedalia Pettis 1947 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury Fire-in store

23. Signature Dr. H. L. Holden (M.D. or other) D.O.

Address 215 E. P. Bldg. Sedalia, Mo. Date signed 12/1/47

COLOAN

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 12-10-47

---

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 F. W. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.