

National Office of Vital Statistics
FILED JAN 15 1948

State File No.

Registration District No.

Primary Registration District No. 5-239

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-----Linn
(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.
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(e) State Mo. (b) County Cedar 20
(c) City or town Rural-----Linn 0
(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 Emery Wiley Felty
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20 day Dec.
year 1947 hour 9 minute 05.1 M.
21. I hereby certify that I attended the deceased from Aug. 5, 1947, to Dec. 20, 1947, and that I last saw him alive on Dec. 19, 1947, and that death occurred on the date and hour stated above.
Duration 4 1/2 months

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Felty
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 8 1881
(Month) (Day) (Year)

Immediate cause of death Liver abscess
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
66 6 12 hr. min

9. Birthplace Jerico Springs, Missouri U
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business
12. Name Ruffis Felty
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Urmbar
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Felty
(b) Address Jerico Springs, Missouri

17. (a) Burial (b) Date thereof 12 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Omer Cemetery

18. (a) Signature of funeral director Church & Heale
(b) Address Stockton, Missouri

19. (a) 1-10-48 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place)
Means of injury
23. Signature of physician
Address Stockton Mo. Date signed 12-20-47

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 12-47-

Date Filed 1-14-48

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.