S. No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1948

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7664

Primary Registration District No. 3000

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Stickler Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 days (Specify whether years, months or days)

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Adair

(c) City or town Kirksville 3
(If outside city or town limits write "RURAL")

(d) Street No. 415 S. Marion 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME George Fellers

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 W

6. (b) Name of husband or wife Ellen Rannion

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

7. Birth date of deceased Sept. (Month) 28 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Tobias Fellers 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Otten
15. Birthplace Holland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Beard
(b) Address 415 S. Halliburton, Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville, Mo.

19. (a) 3-20-48 (Date received local registrar) (b) Tate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Friday 18th year 1948 hour 3 O'Clock minute 10 A. M.

21. I hereby certify that I attended the deceased from ....., 1943, to March, 1948; that I last saw him alive on March 19th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Valvular Disease	
Due to Hypertrophy of Prostate	6 yrs
Due to	6 yrs
Due to Cystitis	6 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature R. O. Stickler (M. D. or other) MD
Address Kirksville, Mo Date signed 3-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 3:48:556
Date Filed MAR 23 1948

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 James S. Taylor, Registered Apprentice No. 436 working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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, above space should be left blank.