

No. 2
-12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9075
Registrar's No. _____

FILED APR 5 1948

Registration District No. _____ Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs 999
(d) Street No. North Grant 14
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Cy Fegley
(b) If veteran, name war _____
(c) Social Security No. 44-05-1201

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Feb - day 20
year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-19-48
to _____, 19____, to _____, 19____
that I last saw him alive on 2-20, 1948
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color of face White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zelma Fegley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 9 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 10 mo.
Due to arterial hypertension
over 6 mo.
Due to _____

8. AGE: Years 62 Months — Days 19
If less than one day _____ hr. _____ min.

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.

9. Birthplace Carl Junction Mo
(City, town, or county) (State or foreign country)
10. Usual occupation mining (Shareholder)
11. Industry or business mining
12. Name Phillip Fegley
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Bradshaw
15. Birthplace Idaho
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Zelma Fegley
(b) Address Baxter Spgs Kas
17. (a) Removal (b) Date thereof 2-
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Mo
18. (a) Signature of funeral director James Wene
(b) Address Baxter Spgs Kas
19. (a) 2-24-48 (b) Delores Lamplugh
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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) (a) Means of injury O
Signature Phillip Fegley (M. D. or other) _____
Address Joplin Mo Date signed 2-24-48

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

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.....

Wene Funeral Home

Registered Apprentice No.....

working under my personal supervision.

Signed

J. Lane Wene

Licensed Embalmer No. *2880*

P. O. Address. *Baptist Springs*

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.