No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 19 1948
Registration District No. 22

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15389
Primary Registration District No. 5115
Registrar's No. 35

900

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Lixville Mo. White Water
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54-10-20 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Lixville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Whitewater Twp
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Oscar Elmer Fellows
3. (b) If veteran, name war World war 1
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Esther E Fellows
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June (Month) 20 (Day) 1893 (Year)
8. AGE: Years 54 Months 10 Days 20 If less than one day hr. min.
9. Birthplace Bollinger Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name Frederick Fellows
13. Birthplace Bollinger Co. (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Christine Propst
15. Birthplace Bollinger Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Esther E. Fellowes
(b) Address Sedgwickville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation White Water Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo
19. (a) May 13 1948 (Date received local registrar) (b) Willie Dan Amburgh (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from May 1st 1948 to May 10th 1948 that I last saw him alive on May 5th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myo-Condition ~~Purgative Poison~~	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 43 E	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Edw. Crites (M. D. ~~[illegible]~~)
Address Sedgwickville Mo Date signed 5/11/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 2 1948

RECEIVED

District Health Officer No. 4

District File Number 548-64

Date Filed 5-18-48

JUN 1 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4022

P. O. Address Perryville 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.