S. No. 2
M—1/47
v. 5-17-39

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2

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29346

FILED SEP 21 1948

Registration District No. 107 — Primary Registration District No. 3019 — Registrar's No. 116

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 805 Washington Ave ~~XXXXXX~~ /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 35
(a) State Missouri (b) County Dunklin 2
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 805 West Washington Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Ola Williams Feller
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Joseph A. Feller
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased December (Month) 5. (Day) 1880 (Year)

8. AGE: Years 67 | Months 9 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Crittenden (City, town, or county) Kentucky (State or foreign country) /
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Daniel Williams /
13. Birthplace Crittenden (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nancy Carolyn Canaday
15. Birthplace Critenden (City, town, or county) Kentucky (State or foreign country) /
16. (a) Informant Mrs. Drew Vardell
(b) Address Kennett, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Paul Balmon
(b) Address Kennett, Missouri
19. (a) 9-16-48 (Date received local registrar) (b) Earl Husband (Registrar's signature) YD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 8-31- 1948 to 9-14- 1948 that I last saw her alive on 9-14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	15D.
Due to CHRONIC NEPHRITIS — HYPERTENSION —	5YD-
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of which death should be charged statistically.

131B

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 —
23. Signature Paul Baldwin (M. D. or other) M.D.
Address Kennett - MO Date signed 9-15-48

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

RECEIVED
District Health Office No. 2
District File Number 948-1126
Date Filed 9-20-48

JAN 25 1957

FEB 5 1954

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 Arnold R. Moon, Registered Apprentice No. 258, working under my personal supervision.

Signed Helen F. Mayhew

Licensed Embalmer No. 4457

P. O. Address Kennett

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.