

FILED DEC 29 1948

State File No.

Registration District No. 272

Primary Registration District No. 4545

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Marshfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 6 1/2 years - 6 1/2 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Fellin

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Alexander Fellin 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased May - 29 - 1853  
(Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 4 If less than one day X hr. X min.

9. Birthplace Tyrol, Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home  
12. Name Bertram Parolini  
13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Martini  
15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Peo Fellin - son  
(b) Address Marshfield, Missouri  
17. (a) Burial (b) Date thereof 12-6-48  
(Burial, cremation, or exposure) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshfield, Mo.  
18. (a) Signature of funeral director Tex Jamey  
(b) Address Marshfield, Missouri  
19. (a) Dec. 15, 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Marshfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country, X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1948 hour 9 minute 50 p.m.  
21. I hereby certify that I attended the deceased from Dec 5  
Nov 28 1948 to Dec 3 1948  
that I last saw her alive on Dec 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days  
Due to General Degenerative Processes of Advanced Age  
Due to

Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy 107  
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 0  
23. Signature CP Macdonnell (M. D. or other) M.D.  
Address Marshfield, Mo. Date signed Dec 4, 1948

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

RECEIVED

District Health Officer No. 6,

District File Number 1248-1384

Date Filed 12-27-48

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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 Alex Rainey

Licensed Embalmer No. 3812

P. O. Address Marshfield, 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.