

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

26079

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 57

Primary Registration District No. 4218

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution 306 S. Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 306 S. Main  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Ross E. Feaster

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7  
year 1948 hour 3 minute 18 p. M.

21. I hereby certify that I attended the deceased from 3-29  
1948 to 9-7 1948;  
that I last saw him alive on 9-2 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Denton Feaster

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 1 1880  
(Month) (Day) (Year)

Immediate cause of death Petroleum Income

Duration ?

Due to.....

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.

8. AGE: Years Months Days If less than one day

67 11 6 ..hr. ....min.

9. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business.....

12. Name James F. Feaster

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hopkirk

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross E. Feaster

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turle  
Windsor, Missouri

(b) Address.....

19. (a) 9-8-48 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

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 Ray B. Jordan (M. D. or other).....

Address Windsor Mo Date signed 9-8-48

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

MOTHER FATHER

FEB 17 1954

VS FEB 23 1960

MAR 14 1954

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1058

Date Filed 9-13-48

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 \_\_\_\_\_

William M. Turner, Registered Apprentice No. 470  
working under my personal supervision.

Signed Ellen Houston

Licensed Embalmer No. 3391

P. O. Address Windsor Mass

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.