

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9841
Registrar's No. 30

FILED APR 10 1948
Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
R.F.D.# 2, Richmond, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 68 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray

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

(d) Street No. R.F.D.#2, Richmond, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John F. Feeney

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maggie M. Feeney

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

7. Birth date of deceased September 13, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business " "

MOTHER FATHER

12. Name John T. Feeney

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

14. Maiden name Miney Haskell

15. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie M. Feeney

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof: 3/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) March 30, 1948 (b) maled jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1948 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 15 May, 1947, to 28 March, 1948;
that I last saw him alive on 28 March, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 14 hours

Due to Hypertensive Heart Disease 10 years

Due to _____

Other conditions 939
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature J. L. Lockwell M.D. (M. D. or other)
Address Richmond, Mo. Date signed April 29, 1948

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

4-8-48

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Louis Sweet

Licensed Embalmer No. 4096

P. O. Address *Richmond, 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.