

DEC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21878

Do not use this space.

1. PLACE OF DEATH

(a) County..... Greene Registration District No. 316
 (b) Township..... Primary Registration District No. 2001
 (c) City..... Springfield (d) Street No. 1131 West Thoman St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 501

2. PRINT FULL NAME

Sarah Ellen Ferrell
 (a) Residence, No. 1131 W. Thoman St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX FEMALE
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF ~~MARRIED~~ WIDOWED, OR DIVORCED Widow
 (OR) WIFE OF Thomas K. Ferrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 89 0 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Mother
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Prunty Town
 (STATE OR COUNTRY) West Virginia

FATHER
 13. NAME John Saunders

14. BIRTHPLACE (CITY OR TOWN) W. Va.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Synthia Woolderton

16. BIRTHPLACE (CITY OR TOWN) Va.
 (STATE OR COUNTRY)

17. INFORMANT Albert C. Ferrell
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE June 25, 38

19. FUNERAL DIRECTOR (NAME) F. C. Thieme
 (ADDRESS) Springfield, Mo.

20. FILED June 24, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 6-23-, 1938, to 6-23-, 1938

I last saw her alive on 6-23-, 1938. Death is said to have occurred on the date stated above, at 10: A m.

The principal cause of death and related causes of importance were as follows:

Degenerative heart disease
Generalized arteriosclerosis
Senility

Other contributory causes of importance: 95 lbs

Date of onset 3 yrs
ago

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) C. E. Feller, M. D.(Address) Springfield Mo
Local Registrar

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Self

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Ralph Greene

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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, above space should be left blank.