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FILED JAN 17 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42872**

Registration District No. **406**

Primary Registration District No. **5562002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carl Junction  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HUGH CAMPBELL McFERRAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 30 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 3 18 hr. min.

9. Birthplace Shullsburg, Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & miner

11. Industry or business \_\_\_\_\_

12. Name James McFerran

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

14. Maiden name Dusan Beachy

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

16. (a) Informant Mrs. Virginia Dodson

(b) Address Carl Junction, Mo. R.R. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Pony Funeral Service

(b) Address Carl Junction, Missouri

19. (a) Dec 20 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1940 hour 6 minute 150 M.

21. I hereby certify that I attended the deceased from Dec 14 1940 to Dec 18 1940  
that I last saw him alive on Dec 18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
956 \_\_\_\_\_  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O. L. Alberty (M. D. or other) [Signature]  
Address Carl Junction, Mo. Date signed Dec 19 1940

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
7  
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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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, Missouri

**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.