

MAR 19 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town St. Francis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME MARTIN FERRELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, (married), divorced MARRIED

6. (b) Name of husband or wife SARAH FERRELL 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: About 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 56 hr. min.

9. Birthplace UNK. U Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation odd jobs, (PAY WORK)

11. Industry or business No

MOTHER FATHER
12. Name UNK.
13. Birthplace UNK. 9
(City, town, or county) (State or foreign country)
14. Maiden name UNK.
15. Birthplace UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Ferrell
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Feb 28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounts

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo

19. (a) Feb 26-1941 (b) B. K. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 41 hour 5 minute 550 M.

21. I hereby certify that I attended the deceased from 2-17-41
to 2-26-41;

that I last saw him alive on 2-25-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: General paralysis of Insane (paralytic) 5 mo

Due to with hypertensive heart dis (arteriosclerosis)

Due to hypostatic pneumonia
Other conditions: decub ulcers (4 days)

PHYSICIAN
Major findings: no
Of operations: no
Of autopsy: no 30 H

Duration
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 no
(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? _____

no (Specify type of place) _____
While at work _____ (Specify means of injury)

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 3/2/41

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 Leo Hidyeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.