

Registration District No. 4 Primary Registration District No. 4550 State File No. _____ Registrar's No. 19

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Vandalia
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME GEORGE MOTEN FERREL
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 married
6. (b) Name of husband or wife Laura Ferrel 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec 16 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name John Ferrel
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dayle
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laura Ferrel
(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof Apr. 22 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director Th. S. Waters
(b) Address Vandalia Mo

19. (a) 4/22/41 (b) R. Lee Alford Md.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Vandalia
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20
year 1941 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 3
1941, to April 20, 1941
that I last saw him alive on April 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. F. Bland (M. D. or other) 1
Address Vandalia Mo Date signed 4/21/41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-875

Date Filed MAY - 8 1941

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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.