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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis 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 _____ years, months or days

3. (a) PRINT FULL NAME Mr. Mrs. Life Charles Ferrera

3. (b) If veteran, name war No. 2 - infant son a twin

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 6-21-41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 16 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Dale Charles Ferrera

13. Birthplace St. Joseph Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Martha Marie Heber

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

16. (a) Informant Dale Charles Ferrera

(b) Address 1320 G. 4th St. Maryville Mo.

17. (a) Burial (b) Date thereof 6-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton Mo.

18. (a) Signature of funeral director Clayton Funeral Home

(b) Address 937 South Main Maryville Mo.

19. (a) June 22-41 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 719 - South view St.
1320 - E - 4th
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, 1941
year _____ hour 1045 minute 8 M.

21. I hereby certify that I attended the deceased from June 21 _____, 1941 to _____, 1941;
that I last saw him alive on June 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia

Due to _____

Due to _____

Other conditions _____
(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? _____

556 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. E. Turman (M. D. or other) _____
Address Maryville Mo. Date signed June 22 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.....

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

Signed William Campbell.....

Licensed Embalmer No. 2650.....

P. O. Address Manville.....

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.