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State File No. 22333  
Registrar's No. 86

Registration District No. 625- Primary Registration District No. 3031

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Marionville 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

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

(d) Street No. 717 South First St  
1320 E 4th (If rural, give location)

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

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

3. (b) If veteran, no name war 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced S.O.

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day June  
year 1941 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from June 21  
\_\_\_\_\_ 1941 to June 22, 1941  
that I last saw her alive on June 21, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 9 hr. min.

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

10. Usual occupation \_\_\_\_\_

Immediate cause of death Pericarditis

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

Due to 154

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

MOTHER FATHER

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

12. Name Dale Charles Ferrera

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

14. Maiden name Emilia Marie Koller

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

16. (a) Informant Dale Charles Ferrera

(b) Address 1320 E. 4th St. Marionville, Mo.

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

(c) Place: burial or cremation Cement Mo.

18. (a) Signature of funeral director James Hill Funeral Home

(b) Address 957 South Main Marionville Mo.

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

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

23. Signature T. C. Cannon (M. D. or other) \_\_\_\_\_

Address Marionville Mo. Date signed June 22, 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*W. H. Campbell*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*W. H. Campbell*

Licensed Embalmer No. *2650*

P. O. Address *Maryville, 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.**