

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Joplin Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2524 Allica St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 years. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Orphal Forrest Ferrell  
 3. (b) If veteran. name war. ———— 3. (c) Social Security No. ————

4. Sex male 5. Color or hair white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife. Lyma 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased April 1 - 1905 (Month) (Day) (Year)

**8. AGE:** Years 39 Months 9 Days 15 If less than one day hr. min.

**9. Birthplace** Afton Oklahoma (City, town, or county) (State or foreign country)

**10. Usual occupation** ————

**11. Industry or business** W.P.A.

**12. Name** Edna Ferrell  
**13. Birthplace** ———— (City, town, or county) (State or foreign country)

**14. Maiden name** Mauby Melton  
**15. Birthplace** no record (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Lyma Ferrell  
 (b) Address ————

**17. (a)** ———— (b) Date thereof 1-17-42 (Month) (Day) (Year)  
 (c) Place: burial or cremation ————

**18. (a) Signature of funeral director** Marshall Hillen  
 (b) Address ————

**19. (a)** 1-16-42 (Date received local registrar) (b) ———— (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin (If outside city or town limits, write "RURAL")  
 (d) Street No. 2524 Allica (If rural, give location)  
 (e) Citizen of foreign country? ———— (Yes or No)  
 If yes, name country ————

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 15 year 1942 hour 4:40 minute a.m.

**21. I hereby certify that I attended the deceased from** January 7, 1942 to January 14, 1942 that I last saw him alive on January 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Influenza  
 Due to ————

Due to ———— 33a  
 Other conditions (Include pregnancy within 3 months of death) ————

**Major findings:**  
 Of operations ————  
 Of autopsy ————

Duration 8 Days

**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? ————

While at work? ———— (Specify type of place) (e) Means of injury ————  
**23. Signature** Dr. M.S. Mendonhall  
 Address Webb City, Mo Date signed 1-16-42

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

42-1-79

FEB 20 1942

**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..... *David Hillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.**