

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

78
3
0

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele (Pemiscot Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days) 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME William Ferrell

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 Single

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

7. Birth date of deceased: November 13, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>5</u>	<u>27</u> hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name..... 9

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

14. Maiden name..... 9

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

16. (a) Informant Mrs. W. O. Carter

(b) Address Steele, Mo.

17. (a) Burial (b) Date thereof 5/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director German Undertaking Co

(b) Address Steele, Mo.

19. (a) 5-13-1942 (b) Jessie H. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov......, 1941 to Apr. 22, 1942

that I last saw him alive on Apr. 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death.....
CANCER OF LUNG. 1 yr.

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 0

23. Signature E. L. Taylor (M. D. or other) mo

Address Steele, Mo Date signed 5-10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1206

6-42-9.

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 *William C. Shelton*.....

Licensed Embalmer No. *3929*.....

P. O. Address *Steele, 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.