

FILED JUL 7 1942

Registration District No. 34

Primary Registration District No. 4032

State File No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rockville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Cym  
(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 MO (b) County Bates  
(c) City or town Rockville, Mo.  
(If outside city or town limits, write "RURAL") O  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. O (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME ALBERT JORATHAN FERRELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife M. Ferrell 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 70 hr. min.

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

10. Usual occupation FARMER (Retired)

11. Industry or business .....

12. Name John Ferrell

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

14. Maiden name Sarah Young  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 09  
(City, town, or county) (State or foreign country)

16. (a) Informant James Crowder

(b) Address Appleton City, Mo.

17. (a) BURIAL (b) Date thereof June 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARN CEMETERY

18. (a) Signature of funeral director W. W. Walker

(b) Address Rockville, Mo.

19. (a) 6-17-42 (b) Mrs. Pauline Bain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15  
year 1942 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 1,  
1941 to March 15, 19 42  
that I last saw him alive on MARCH 15, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death MYO CARDIOSIS

Due to ARTERIO SCLEROSIS

Due to CHRONIC NEPHRITIS

Other conditions 131P  
(Include pregnancy within 3 months of death)

Major findings: Of operations NONE PERFORMED

Of autopsy NONE PERFORMED

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) (or) Means of injury .....

23. Signature M. O. Bjerke (M. D. or other) MD  
Address Rockville, Mo. Date signed 4/26/42

Duration

6 Mos

5 yrs

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 7-42-681

Date Filed 7-6-42

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 Osca Eckhoff

Licensed Embalmer No. 3942

P. O. Address Apptan city, 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.