

FILED AUG 17 1942
Registration District No. **90**

Primary Registration District No. **5329**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural OAK HILL TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Crawford
(c) City or town Rural
(If outside city or town limit write "RURAL")
(d) Street No. OAK HILL, TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Paul Eugene Ferris
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17th
year 1941 hour 10 minute 00 P. M.

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 January 21st 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/10/41
_____ 19, to 3/17/41, 19;
that I last saw him alive on 3/17/41, 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia

8. AGE: Years Months Days If less than one day
0 1 26 hr. _____ min.

Due to Pertussis
Due to _____
Other conditions (include pregnancy within 3 months of death) 9

9. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation AT Home

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name: Marshall D. Ferris
13. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Viola Reed
15. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall D. Ferris
(b) Address Ed OAK HILL Rt. 1 - Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

17. (a) Burial (b) Date thereof Mar. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL Cemetery

While at work? no (Specify type of place) (a) Means of injury none

18. (a) Signature of funeral director John Hallow
(b) Address Cuba Mo.
19. (a) None (b) Allen Ragna
(Date received local registrar) (Registrar's signature)

23. Signature Julius Anderson
Address Cuba Mo Date signed 3/18/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.