

FILED AUG 23 1943

Registration District No. 378

Primary Registration District No. 3064

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. + 11 days
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Sary Lee Ferrier

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 May 2 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 13 hr. min.

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

MOTHER FATHER

10. Usual occupation.....

11. Industry or business.....

12. Name Hugh Ferrier Jr.

13. Birthplace Merix Andrew Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth McManamy

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

16. (a) Informant Mrs. Lottie McManamy

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof July 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director Blenkwith

(b) Address Vandalia Mo.

19. (a) July 15 1943 (b) Mrs. R.C. Holman
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 313 W. Olive
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8/2, 1943 to 7/13, 1943
that I last saw him alive on 7/4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition & anemia
Due to poor nutrition
ovule

Duration

4 weeks

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 1572
Of operations.....

Of autopsy.....

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 Thos. L. Dwyer (M. D. or other)
Address Vandalia, Mo. Date signed 7/15/43

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

AUG 23 1943

RECEIVED

District Health Officer No. 10

District File Number 9-43-1418

Date Filed AUG 19 1943

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Rocking Green

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.