

Registration District No. **257**

Primary Registration District No. **3048**

Registrar's No. **188**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
535 West 4th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway** **74**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **535 West 4th street** (If rural, give location) **2**
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Ferritor**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. **no**

4. Sex **female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**
6. (b) Name of husband or wife **Edward Ferritor** **6. (c) Age of husband or wife if alive** **75** years
7. Birth date of deceased **June 24, 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **25** If less than one day hr. ___ min. ___

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

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Hugh McIntyre**
13. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Mine Hogan**
15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Ferritor**

(b) Address **Maryville, Missouri**

17. (a) burial (b) Date thereof **12-22-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Patricks cemetery**

18. (a) Signature of funeral director **Poize Funeral Home**
(b) Address **Maryville Mo.**

19. (a) [Signature] (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **19**
year **1945** hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept. 12 1945**
19 **December 19, 1945**
that I last saw her alive on **December 13, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **rupture of a large aortic aneurysm just below apex of the heart**
Due to **unknown cause**
Duration _____
Due to **unknown cause**

Other conditions **Anaemia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **738**

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 **Chas. F. Clev.** (M. D. or other) **MD**
Maryville, Mo. Date signed **12/24/45**

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

FEB 7 1946

FEB 4 1946

RECEIVED

District Health Officer No. 11,

District File Number _____

Date Filed _____

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 _____

John W. Price

Licensed Embalmer No. _____

4281

P. O. Address _____

Maryville 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.