V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27516

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Oronogo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 409 E. CENTRAL. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 44 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 409 E. Central (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Emmett 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 Married

6. (b) Name of husband or wife Mary Catherine FERRIER.

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec (Month) 3 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	6	hr. min.

9. Birthplace St Clair County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name Thomas J. Ferrier
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy E. Graham
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Blanche Ferrier Jr.

(b) Address Oronogo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cem

18. (a) Signature of funeral director Webb City Unit Co.

(b) Address Webb City Mo

19. (a) AUG; 10; 46 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 9 year 1946 hour 1:10 minute P M.

21. I hereby certify that I attended the deceased from June 2, 1946, to Aug 9, 1946 that I last saw him alive on August 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 weeks
Due to Arterio-sclerosis and hypertension	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 97

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Cornell G. Fossum (M. D. or other)

Address 42 Friscoe Bldg Joplin Mo Date signed Aug 10/46

131

(Licensed Embalmer's Statement on Reverse Side)

46-8-688

STATEMENT BY LICENSED [illegible]

I hereby certify that the body whose name is recorded on the reverse side [illegible] [illegible]lmed by me, or by Harvey C. Arnie [illegible] [illegible]pprentice No. 412, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo

Note: The [illegible] SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above consti[illegible]ds for revocation of license.)

If this body is [illegible]mbalmed, fact should be so stated above.