. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8314

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18 Groom St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 18 Groom St. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME O.F. Ferril (Oliver Franklin)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna L Hall

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March (Month) 4 (Day) 1873 (Year)

8. AGE: Years 73 Months 11 Days 13 If less than one day hr. min.

9. Birthplace S.E Kearney (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name William J. Ferril
13. Birthplace Kearney (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Francis Howell
15. Birthplace Kearney (City, town or county) Mo (State or foreign country)

16. (a) Informant Mrs Anna L. Ferril
(b) Address 18 Groom St. Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Lib Means Cemetery Stockdale

18. (a) Signature of funeral director O J Carder Jr
(b) Address Liberty Mo.

19. (a) Feb. 19. 1947 (Date received local registrar) (b) Minnie Hay mo. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1947 to , 19 ;
that I last saw him alive on Feby 17 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial asthma	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] Hodson (M. D. or other)
Address Liberty Mo. Date signed 2/18/47

64

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-27-47

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. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address. Liberty, 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.