

S. No. 2
M-5-43
5-17-39
X36671

FILED NOV 5 1947

Registration District No. 371

Primary Registration District No. 6259

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Fordland Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name of hospital or institution~~
E. Benton township 1
(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 Mo. (b) County Webster 112
(c) City or town Fordland Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi South East of Fordland 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME John Medleton Ferrill

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex M. 0 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed 0
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Feb 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 29 hr. min.

9. Birthplace Webster Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alfred Ferrill 1
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Martha Williams 0
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Hennigh
(b) Address Fordland Mo

17. (a) Burial (b) Date thereof Oct 17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland, Mo

18. (a) Signature of funeral director Kelley Ferrill

(b) Address Bergman - Fordland Mo

19. (a) 10-29-47 (b) Lester B. Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1947 hour 5 minute PM

21. I hereby certify that I attended the deceased from October 14 47
First 1946 to October 14 47
that I last saw him alive on October 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration _____

Due to Acute myocardial Failure

Due to Arterio-sclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation 7
Of autopsy No autopsy 10

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 21

23. Signature J. R. Schultz (M. D. or other) MD
Address Fordland, Mo Date signed 10/29/47

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

RECEIVED

District Health Officer No. 6,

District File Number 1147-1146

Date Filed NOV 3 1947

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.