

FILED JAN 7 1948

Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Clay 24
(c) City or town Kearney 5
(If outside city or town limits, write "RURAL.") 5
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florea May Ferril

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William A. 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 3 - 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Allen Robeson 5

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

14. Maiden name Alice Merrill

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Riley

(b) Address Kearney

17. (a) Burial (b) Date thereof 12-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Kearney

18. (a) Signature of funeral director Howard Fay

(b) Address Kearney

19. (a) Dec. 22, 1947 (b) Minnie Haynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1947, to Dec 18, 1947;
that I last saw him alive on Dec 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Vulva i General Metastases 2yr

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy H. A. D.

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 Glenn W. Henderson (M. D. or other) 0

Address Liberty Mo Date signed 12/22/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-48.....

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 Lernard Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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.