

No. 2
-1/47
17-39

9392

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED APR 14 1948

Registration District No. 29

Primary Registration District No. 3043

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leveing Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Hickory
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Ellen Ferrel

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

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

6. (b) Name of husband or wife Thomas (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 25 br. min.

9. Birthplace Ellsberry MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Joseph Gramer

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

14. Maiden name Sally Gramer

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

16. (a) Informant Robert Ferrel

(b) Address 716 Hickory Hannibal MO

17. (a) Burial (b) Date thereof March 27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graham Burial Hill

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO

19. (a) 4-2-48 (b) Dr. E.M. Lute
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour _____ minute 5 P.M.

21. I hereby certify that I attended the deceased from 3-25
_____, 1948, to 3-25, 1948
that I last saw her alive on 3-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage
Due to _____
Hypertension
Due to _____

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

Major findings: _____
Of operations _____
Of autopsies _____

PHYSICIAN

Underline the cause of 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 B. J. [unclear] (M. D. or other) MD
Address Hannibal MO Date signed 3/29/48

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

MOTHER-FATHER

64
33
4

64
3
4
0

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..... *Michael J. O'Donnell*

Licensed Embalmer No..... *3246*

P. O. Address..... *Hannibal 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.