

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13791**

Registration District No. **316**

Primary Registration District No. **6074**

Registrar's No. **136**

1. PLACE OF DEATH:

(a) County **ST. FRANCOIS**

(b) City or town **LEADWOOD, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. FRANCOIS**

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

(d) Street No. **NONE** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **TERRY LYN FERRELL**

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1948** hour **9** minute **00** A.M.

21. I hereby certify that I attended the deceased from **March 29**, 19**48**, to **April 2**, 19**48**
that I last saw him alive on **April 2**, 19**48**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **MARCH 29 1948**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage** Duration **4**

8. AGE: Years _____ Months **4** Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **HOOD**

9. Birthplace **LEADWOOD MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name **GRANVILLE FERRELL**

13. Birthplace **SLIGO MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **HATTIE POUCHER**

15. Birthplace **IRONDALE MISSOURI**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **GRANVILLE FERRELL**

(b) Address **LEADWOOD MISSOURI**

17. (a) **BURIAL** (b) Date thereof **4-3-48**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LEADWOOD CEMETERY**

18. (a) Signature of funeral director **Bert S. Boy**

(b) Address **Leadwood, Mo.**

19. (a) **5-5-48** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

23. Signature **John W. Whit** (M.D. or other) _____
Address **Leadwood, Mo.** Date signed **4/5/48**

(Licensed Embalmer's Statement on Reverse Side)

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

FIVED

Health Officer No. 4
District File Number 548-608
Date Filed 5-10-48

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Bert L. Boyer
Licensed Embalmer No. 2442
P. O. Address Leadwood 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.