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47070

FILED SEP 10 1948

Registration District No. 23

Primary Registration District No. 4133

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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

3. (a) PRINT FULL NAME George David Ferril
3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie M.
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased September 26 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 20 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Samuel Joseph Ferril

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

14. Maiden name Maggie Jane Cox

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

16. (a) Informant Mrs Maggie M Ferril

(b) Address Kearney Mo

17. (a) Burial (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet Kearney

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) 8-18-1948 (b) Annice Noyes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1948 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Apr 1 1948 to Aug 15 1948
that I last saw him alive on Aug 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 hr
Due to Coronary Occlusion Indef

Due to _____

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

Major findings: Of operations gfw

Of autopsy _____

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 Walter W. Henderson (M. D. optional)

Address Liberty Mo Date signed 8/18/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-9-43

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 Leonard Fry
Licensed Embalmer No. 1627
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.