FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2506
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 14
(b) Township Tyro — Primary Registration District No. 42
Registered No.
(c) City Calhoun — (d) Street No. ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tyfe F Ferrell
(a) Residence, No. ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1884
7. AGE YEARS 55 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo

FATHER
13. NAME Conor O Ferrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Mo

MOTHER
15. MAIDEN NAME Alice G Yeates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo

17. INFORMANT Alta Kenyon
(ADDRESS) R 6 Clinton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dordus Cemetery DATE Dec 22 1939
19. FUNERAL DIRECTOR (NAME) J A Hausey
(ADDRESS) Calhoun Mo
20. FILED ..., 19... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1939, to Dec 20 1939
I last saw him alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Pneumonia lobar
1 & 8

Other contributory causes of importance:
Meningitis
from toxemia
of Pneumonia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H Russell, M. D.
3/17 (Address) Windsor Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 7,
Public File Number 2-40-267
Date Filed 2-14-40

#1

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, myself, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed J A Housley

Licensed Embalmer No. 3502

P. O. Address Calhoun Ga

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, above space should be left blank.

S. No. 2B
M—2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2506

Registration District No. 14 — Primary Registration District No. 4211 — Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County: Henry — (b) City or town: Windsor
(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 years, months or days) In this community ...

2. USUAL RESIDENCE OF DECEASED:

(a) State ... (b) County ...

(c) City or town ... (If outside city or town limits write "RURAL")

(d) Street No. 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Fyke F (Fewell)

3. (b) If veteran, name war ...

3. (c) Social Security No. ...

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife ...

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

7. Birth date of deceased ... (Month) (Day) (Year)

8. AGE: Years 55 | Months 3 | Days 27 | If less than one day ... hr. ... min.

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

10. Usual occupation ...

11. Industry or business ...

FATHER
12. Name: Conor (Fewell)
13. Birthplace ... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ...
15. Birthplace ... (City, town, or county) (State or foreign country)

16. (a) Informant ...
(b) Address ...

17. (a) ... (Burial, cremation, or removal) (b) Date thereof ... (Month) (Day) (Year)
(c) Place: burial or cremation ...

18. (a) Signature of funeral director ...
(b) Address ...

19. (a) ... (Date received local registrar) (b) T. J. Jennings Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ... day ... year ... hour ... minute ... M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury ...

23. Signature: H. M. Wall (M. D. or other) ...
Address: Windsor Mo. Date signed ...

SUPPLEMENTARY