

Registration District No. **352**

Primary Registration District No. **4209**

Registrar's No. **22**

NOV 19 1940

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(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 49 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Montrose
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from
Jan 15 1940 to Oct 14 1940
that I last saw her alive on Oct. 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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?
317 (Specify type of place)
-While at work? _____ (e) Means of injury _____

23. Signature W. E. Baggarly (M. D. or other) MD
Address Montrose Mo Date signed 10-17-40

3. (a) PRINT FULL NAME Odessa Mae Ferimore

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 married

6. (b) Name of husband or wife Edward M. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 8 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name Elijah M. Gragg

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

14. Maiden name Pamela C. Cahoy

15. Birthplace Bates Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Faulkner

(b) Address Montrose Mo R.F.D.

17. (a) burial (b) Date thereof 10-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director W. E. Baggarly

(b) Address Montrose Mo

19. (a) 10-17-40 (b) W. E. Baggarly
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1564

Date Filed 11-6-40

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 Oscar Eckhoff

Licensed Embalmer No. 3982

P. O. Address Appleton City, Ind.

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.