

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

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

Registration District No. 255

Primary Registration District No. 5497

Registrar's No. 4

1. PLACE OF DEATH:

(a) County HENRY
 (b) City or town LADUE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: LADUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No. (Specify whether)
 In this community 32 years
 years, months or days

3. (a) PRINT FULL NAME LUCY FERRY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE race WHITE
 5. Color or race _____
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JAMES L. FERRY
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased NOV. 28 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____
 12. Name WILLIAM LOUGHRIDGE
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name HANNAH GRAY
 15. Birthplace VIRGINIA IOWA
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature MR JAMES L FERRY
 (b) Address LADUE, MO

17. (a) RURAL (b) Date thereof Mar 12-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMBLEWOOD CEM.

18. (a) Signature of funeral director H. L. VANSANT
 (b) Address CLINTON MO.

19. (a) 3-11-41 (b) W. E. Baggaley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HENRY
 (c) City or town LADUE
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9
 year 1941 hour 7-15 minute _____ A.M.
 21. I hereby certify that I attended the deceased from 1938
 _____, 19____, to 3-9 _____, 1941
 that I last saw him alive on 3-9 _____, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Duration 3 days

Due to _____
 Due to _____
 Other conditions myocarditis
 (Include pregnancy within 3 months of death) urthritis

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? _____

23. Signature Joseph B. O'Neil (M. D. or other) MD
 Address Clinton Mo. Date signed 3-10-41
 (Specify type of place) (a) Means of injury

Opd.

93 R

RECEIVED

District Health Officer No. 7.

District File Number 4-41-588

Date Filed 4-3-41

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~~.....

H. J. Vassant

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. J. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10788

Registration District No. 355

Primary Registration District No. 2497

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Opera 710
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Ruby Terry
(b) If veteran, _____ (c) Social Security No. _____
name war _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced m
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 79 Months 3 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Mar day 9
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration _____

Broncho -

Due to _____ 93%

Due to _____

Other condition Myo Carditis
(Include pregnancy within 3 months of death)
enteritis

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? _____

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

23. Signature Joseph B. O'Neil (M. D. or other) _____

Address Chilton, Mo. Date signed 6-7-41

SUPPLEMENTARY

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

MOTHER FATHER

1941

~~88201-5~~