

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D JUN 17 1938

18033  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201  
(b) Township Liberty Primary Registration District No. 5280  
(c) City Liberty (d) Street No. 3012 Registered No. 48  
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Emma Elizabeth Ferril

(a) Residence, No. Liberty St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX: Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 28 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Ferril

22. I HEREBY CERTIFY that I attended deceased from May 15, 1938, to May 28, 1938  
I last saw h. or w. alive on May 28, 1938. Death is said to have occurred on the date stated above, at 2:20 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/1896

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 42 MONTHS 1 DAYS 27 If LESS than 1 day, .....hrs. or .....min.

Pneumonia, Lobar:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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

108  
Other contributory causes of importance:  
Myocardial Failure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arley, Mo.

Name of operation none Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? No

FATHER 13. NAME Otto H. Weber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arley Mo.

MOTHER 15. MAIDEN NAME Elizabeth Hessel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arley Mo.

17. INFORMANT (ADDRESS) Oscar Ferril Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arley, Mo. DATE 5/30 1938

19. FUNERAL DIRECTOR (ADDRESS) Hessel-Carder Liberty, Mo.

20. FILED 613 1938 8 8 T Bran Local Registrar

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Gustafson, M. D.  
Liberty, Mo.

MAY 22 1956

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**