

JAN 25 1940
Registration District No. **1292**

Primary Registration District No. **4414**

Registrar's No. _____

33

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Dearborn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Dearborn No. _____
(If outside city or town limit, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Mary Ellen Ferril

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel P. Ferril 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 3rd, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business House Keeping

12. Name Howard Story

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

14. Maiden name Rachel Bowles

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

16. (a) Informant B. H. Ferril
(b) Address Dearborn Missouri

17. (a) Burial (b) Date thereof Dec. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn No. Cemetery

18. (a) Signature of funeral director Union Davis
(b) Address Dearborn, Missouri

19. (a) Dec. 20 (b) M. H. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day December
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from September 19th to December 18th 1940
that I last saw her alive on December 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Amphiphysia (cerebral)

Due to Cerebral Hemorrhage

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

3 years

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) NO

(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? _____

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

23. Signature S. J. Durham (M. D. Union Davis)

Address Dearborn Mo Date signed 12-20-40

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

Rebecca Davis

Licensed Embalmer No.

4668

P. O. Address

Seaborn 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.