

No. 2
-13-40
-17-39
X2315

FILED MAR 19 1941

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wabash Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 420 No. Morley
(If rural, give location)

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

3. (a) PRINT FULL NAME Nolan West Ferritor

3. (b) If veteran, name war _____ 3. (c) Social Security No. 703-01-2248

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept 29th 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 4 12 hr. 5 min.

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

10. Usual occupation Dispatcher

11. Industry or business R.R. Wabash

12. Name John Ferritor

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

14. Maiden name Effie M West

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

16. (a) Informant Mrs. C. R. McGregor

(b) Address Moberly

17. (a) Burial (b) Date thereof Feb 14th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) Feb. 14-41 (b) Peale Williams
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 9, 1941, to February 11, 1941.

that I last saw him alive on February 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of the Oesophagus

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

9 25 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Charles J. Scheller (M. D. or other) D

Address Wabash Hospital Date signed 2-13-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-41-570

Date Filed MAR 10 1941

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 Frank D. Will

Licensed Embalmer No. 3021

P. O. Address Moberly, 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, fact should be so stated above.