No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28066

FILED SEP 2 1941

Registration District No. 201 Primary Registration District No. ~~5280~~ 3012 Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 84 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 024
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. I.O.O.F. Home R#3 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME James B. Ferril
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. (Month) 2 (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace Clay County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farmer.
11. Industry or business ✓
FATHER
12. Name Robert L. Ferril
13. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Means
15. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant R. L. Ferril
(b) Address Liberty Mo. R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Liberty Mo.
18. (a) Signature of funeral director Church - Archer Co
(b) Address Liberty Mo
19. (a) 7-30-41 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 3 minute 35 P. M.
21. I hereby certify that I attended the deceased from June 1 1941 to July 30 1941 that I last saw him alive on July 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bedelity

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

23. Signature J. H. Matthews (M. D. or other)
Address Liberty Mo Date signed 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-26-41
Date Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, M

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

If this body is not embalmed, fact should be so stated above.