S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36548

State File No.

FILED DEC 11 1942

Registration District No. 10 — Primary Registration District No. 3002 — Registrar's No. 170

1. PLACE OF DEATH
(a) County Audrain
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Laddonia
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALICE MATILDA FERRIS
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex female
5. Color or race White
6. (a) Single, widowed, divorced widow
6. (b) Name of husband ~~or wife~~ Geo E Ferris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 2 (Day) 1853 (Year)

8. AGE: Years 89 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Worden Illinois (City, town, or county) (State or foreign country)
10. Usual occupation House-wife
11. Industry or business "
FATHER
12. Name Hampton W Hall
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ellen Roseberry
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ote Freels
(b) Address Laddonia Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 29-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Laddonia Mo
18. (a) Signature of funeral director W. T. Grainger
(b) Address Laddonia Mo
19. (a) 11-27-42 (Date received local registrar) (b) Margaret H Machu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1942 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 9 1942 to Nov 27 1942 that I last saw her alive on Nov. 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
acute parenchematous Nephritis 1 wk
Due to Partial Intestional Obstruction 2 wks
Due to Carcinoma of Sigmoid portion of Colon
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W B Paige (M. D. or other) MD.
Address Laddonia Mo. Date signed 11/30/42

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Licensed File Number 12-42-4082
Date Filed Dec-10-1942

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. G. Grainger, Registered Apprentice No. 1297, working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.