S. No. 2
—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 19[illegible]

MISSOURI STATE BOARD OF HEALTH

[illegible]NDARD CERTIFICATE OF DEATH

State File No. 3409

Registration District No. [illegible]181 Primary Registration District No. 5675 Registrar's No. 2

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution 1 Hussman and Twp
(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 Lincoln

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

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME VIRGINIA FERRY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 4 (Month) 28 (Day) 1858 (Year)

8. AGE: Years 85 Months 8 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWORK at HOME

11. Industry or business .....

FATHER
12. Name CHARLES FERRY
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ARZELLA WATTS
15. Birthplace JENNI (City, town, or county) (State or foreign country)

16. (a) Informant MRS TOM DAVIS

(b) Address ELSBERRY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-2-1944 (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL-FERRY CEM.

18. (a) Signature of funeral director Clifton Miller

(b) Address Elsberry Mo.

19. (a) Jan 6 1944 (Date received local registrar) (b) G. C. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 27, 1943 to Dec 30, 1943 that I last saw her alive on Dec 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

33a

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 G. H. Holloway (M. D. or other) D.O.

Address Elsberry Mo. Date signed 12-31-43

1943

(Licensed Embalmer's Statement on Reverse Side)

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~~ Dec. 31-79

, ~~Registered Apprentice No.~~ #3364

working under my personal supervision.

Signed Clifton Mills

Licensed Embalmer No. 3364

P. O. Address Eldorado, 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.